

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**
MAKE AMERICA GREAT AGAIN INC.

ADDRESS (number and street) **C/O BULLDOG COMPLIANCE**
138 CONANT STREET STE 401
 Check if different than previously reported. (ACC) **BEVERLY MA 01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00825851 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / 2023 through / / 2023

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 **GANTT, CHARLES, , ,**

Signature of Treasurer **GANTT, CHARLES, , ,** [Electronically Filed] Date / / 2023

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**

Write or Type Committee Name

MAKE AMERICA GREAT AGAIN INC.

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="54131897.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54131897.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14643520.00"/>	<input type="text" value="14643520.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68775417.01"/>	<input type="text" value="68775417.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37955201.50"/>	<input type="text" value="37955201.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30820215.51"/>	<input type="text" value="30820215.51"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="39897.71"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MAKE AMERICA GREAT AGAIN INC.

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	13143500.00	13143500.00
(ii) Unitemized	20.00	20.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13143520.00	13143520.00
(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)	13143520.00	13143520.00
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).....	1500000.00	1500000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	14643520.00	14643520.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14643520.00	14643520.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2238815.25	2238815.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2238815.25	2238815.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	23336386.25	23336386.25
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	12250000.00	12250000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	12250000.00	12250000.00
29. Other Disbursements (Including Non-Federal Donations).....	130000.00	130000.00
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)) ..	37955201.50	37955201.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37955201.50	37955201.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13143520.00	13143520.00
34. Total Contribution Refunds (from Line 28(d))	12250000.00	12250000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	893520.00	893520.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2238815.25	2238815.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1500000.00	1500000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	738815.25	738815.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

A. ADAMS, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6125 LUTHER LN
 STE 245
 City DALLAS State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) OIL AND GAS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 04 / 13 / 2023
Transaction ID : SA11AI.4896
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. ADAMS, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6125 LUTHER LN
 STE 245
 City DALLAS State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) OIL AND GAS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4905
 Amount of Each Receipt this Period 100000.00
 Memo Item

C. ADJMI, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 BROADWAY
 3RD FL
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ONE STEP UP LTD Occupation (for Individual) REAL ESTATE EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4868
 Amount of Each Receipt this Period 100000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

A. ADJMI, HARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 BROADWAY
 3RD FL
 City NEW YORK State NY Zip Code 10018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ONE STEP UP LTD Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4870
 Amount of Each Receipt this Period 50000.00
 Memo Item

B. BARNETT, EDWIN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8601 THE ISLAND DR.
 City MEMPHIS State TN Zip Code 38125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HUB INTERNATIONAL Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11AI.4864
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. BAUM, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25000 HWY 82
 City SNOWMASS State CO Zip Code 81654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DSB TECHNOLOGIES LLC Occupation (for Individual) FOUNDER/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 125000.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11AI.4883
 Amount of Each Receipt this Period 125000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	225000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

A. BAUM, JUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25000 HWY 82
 City SNOWMASS State CO Zip Code 81654
 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 ▼ 125000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2023
Transaction ID : SA11AI.4887
 Amount of Each Receipt this Period
 125000.00
 Memo Item

B. BEAMAN, LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1525 BROADWAY
 City NASHVILLE State TN Zip Code 37203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAMAN VENTURES Occupation (for Individual) INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period
 100000.00
 Memo Item

C. BLANCHARD, JOHN, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8650 WYNFORD PL
 City MONTGOMERY State AL Zip Code 36117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ASCENT RESIDENTIAL LLC Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : SA11AI.4877
 Amount of Each Receipt this Period
 250000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	475000.00
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 9 OF 166
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. CANIZARO, JOSEPH, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 POYDRAS ST
 STE 1700
 City NEW ORLEANS State LA Zip Code 70112
 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 ▼ 100000.00

Date of Receipt **02 / 08 / 2023**
Transaction ID : SA11AI.4891
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. CANIZARO, JOSEPH, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 POYDRAS ST
 STE 1700
 City NEW ORLEANS State LA Zip Code 70112
 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 ▼ 300000.00

Date of Receipt **04 / 27 / 2023**
Transaction ID : SA11AI.4897
 Amount of Each Receipt this Period 200000.00
 Memo Item

C. CHERA, FRIEDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 OCEAN AVE
 City LONG BRANCH State NJ Zip Code 07740
 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 ▼ 50000.00

Date of Receipt **06 / 29 / 2023**
Transaction ID : SA11AI.4936
 Amount of Each Receipt this Period 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

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

Mailing Address 15 EAST 69TH ST.

City NEW YORK	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) VORNADO REALTY TRUST	Occupation (for Individual) REA ESTATE INVESTMENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2023

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period
50000.00

Memo Item

B. CHURCHILL BUSINESS CONSULTANTS INC.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 W LEMON H

City LANCASTER	State PA	Zip Code 17607
-------------------	-------------	-------------------

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 ▼
250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2023

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
250000.00

Memo Item

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

Mailing Address 870-18TH AVE
CT NW

City HICKORY	State NC	Zip Code 28601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) NON PROFIT FOUNDATION MANAGE
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
38400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
38400.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	338400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

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

Mailing Address 870-18TH AVE
CT NW

City HICKORY State NC Zip Code 28601

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

Name of Employer (for Individual) DALE K CLINE CPA PLLC Occupation (for Individual) CPA, REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 38400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11AI.4881

Amount of Each Receipt this Period 38400.00

Memo Item

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

Mailing Address 200 N GARDEN AVE
STE B

City CLEARWATER State FL Zip Code 33755

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000000.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11AI.4918

Amount of Each Receipt this Period 4000000.00

Memo Item

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

Mailing Address 200 N GARDEN AVE
STE B

City CLEARWATER State FL Zip Code 33755

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

Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 06 / 01 / 2023
Transaction ID : SA11AI.4920

Amount of Each Receipt this Period 1000000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5038400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

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

Mailing Address 3620 RIDGEWOOD RD. NW

City ATLANTA	State GA	Zip Code 30327
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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 ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2023

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
38400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2023

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period
38400.00

Memo Item

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
88400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2023

Transaction ID : SA11AI.4916

Amount of Each Receipt this Period
50000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	138400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 166
	(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)
MAKE AMERICA GREAT AGAIN INC.

A. FOX, SAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 WOODSIDE RD STE D
 City WOODSIDE State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENT MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 138400.00

Date of Receipt **06 / 01 / 2023**
Transaction ID : SA11AI.4919
 Amount of Each Receipt this Period 50000.00
 Memo Item

B. GERSON, EL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 10696
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **04 / 12 / 2023**
Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. GERSON, EL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 10696
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : SA11AI.4922
 Amount of Each Receipt this Period 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150000.00
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 14 OF 166
	<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)
MAKE AMERICA GREAT AGAIN INC.

A. GONSOLIN, AL, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 16757

City SUGAR LAND	State TX	Zip Code 77496
--------------------	-------------	-------------------

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

Name of Employer (for Individual) GONSOLIN ENTERPRISES INC	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2023
Transaction ID : SA11AI.4885

Amount of Each Receipt this Period
 100000.00

Memo Item

B. GRAU, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 WOODRIDGE RD

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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 ▼
1000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023
Transaction ID : SA11AI.4901

Amount of Each Receipt this Period
 1000000.00

Memo Item

C. HERZKA, RALPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 BEDFORD AVE

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) MERIDIAN CAPITAL GROUP	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2023
Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
 25000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 166
	(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)
MAKE AMERICA GREAT AGAIN INC.

A. HILL, VERNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 EAST MAIN ST.
 City MOORESTOWN State NJ Zip Code 08057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HILL & CO. Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11AI.4934
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. HODGES, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 OCEANSIDE DR
 City NASHVILLE State TN Zip Code 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADVANCE FINANCIAL Occupation (for Individual) CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11AI.4876
 Amount of Each Receipt this Period 150000.00
 Memo Item

C. JOHNSON, ROBERT, WOOD, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 FIFTH AVE 2ND FL
 City NEW YORK State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) NFL FRANCHISE OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 04 / 26 / 2023
Transaction ID : SA11AI.4874
 Amount of Each Receipt this Period 1000000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250000.00
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 16 OF 166
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. KUSHNER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 767 5TH AVE, 50TH FLR
 City NEW YORK State NY Zip Code 10153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PROPERTY MANAGEMENT (WESTMI
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 06 / 05 / 2023
Transaction ID : SA11AI.4932
 Amount of Each Receipt this Period 1000000.00
 Memo Item

B. LOMANGINO, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 S OCEAN BLVD
 City PALM BEACH State FL Zip Code 33480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) RECYCLING
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200000.00

Date of Receipt 02 / 02 / 2023
Transaction ID : SA11AI.4908
 Amount of Each Receipt this Period 200000.00
 Memo Item

C. MARTIN, JO, SLOAN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 560
 City MILFORD State IA Zip Code 51351
 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 ▼ 3000.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11AI.4904
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1203000.00
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 17 OF 166
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. MORENO, BERNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29889 CHAIRMANS ROWE
 City WESTLAKE State OH Zip Code 44145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BERNIE MORENO COMPANIES Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 03 / 02 / 2023
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period 100000.00
 Memo Item

B. PATE, LUTHER, S, , IV
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1301 INDUSTRIAL PARK DR.
 City TUSCALOOSA State AL Zip Code 35401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 02 / 06 / 2023
Transaction ID : SA11AI.4860
 Amount of Each Receipt this Period 100000.00
 Memo Item

C. QUIRARTE, JOANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 N 1ST ST APT F
 City ALHAMBRA State CA Zip Code 91801
 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 / 28 / 2023
Transaction ID : SA11AI.4893
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200300.00
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 18 OF 166
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. RUFFIN, PHIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 LAS VEGAS BLVD S
 City LAS VEGAS State NV Zip Code 89109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 04 / 26 / 2023
Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period 1000000.00
 Memo Item

B. RUFFIN, PHIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3300 LAS VEGAS BLVD S
 City LAS VEGAS State NV Zip Code 89109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ENTREPRENEUR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000000.00

Date of Receipt 06 / 15 / 2023
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period 1000000.00
 Memo Item

C. SHEEHY, ELIZABETH, ANN, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1365 FALLS DR E
 City HIGHLANDS State NC Zip Code 28741
 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 ▼ 200000.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11AI.4866
 Amount of Each Receipt this Period 200000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2200000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 166
	(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)
MAKE AMERICA GREAT AGAIN INC.

A. SPRAGENS, JOY, FOWLER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7426 FISHER ISLAND DR.
 City MIAMI State FL Zip Code 33310
 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 ▼ 50000.00

Date of Receipt **04 / 03 / 2023**
Transaction ID : SA11AI.4895
 Amount of Each Receipt this Period 50000.00
 Memo Item

B. SPRAGENS, JOY, FOWLER, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7426 FISHER ISLAND DR.
 City MIAMI State FL Zip Code 33310
 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 ▼ 100000.00

Date of Receipt **06 / 14 / 2023**
Transaction ID : SA11AI.4902
 Amount of Each Receipt this Period 50000.00
 Memo Item

C. TOPPER, LEWIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 212 TREASURE PL
 City JUPITER INLET State FL Zip Code 33469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **03 / 03 / 2023**
Transaction ID : SA11AI.4910
 Amount of Each Receipt this Period 50000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150000.00
TOTAL This Period (last page this line number only).....▶	13143500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 20 OF 166
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <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)
MAKE AMERICA GREAT AGAIN INC.

A. MULTI MEDIA INC

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

Mailing Address 915 KING ST.
2ND FL

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

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 ▼
1500000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2023

Transaction ID : SA15.4930

Amount of Each Receipt this Period
1500000.00

Memo Item
VENDOR REFUND: OVERPAYMENT

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500000.00
TOTAL This Period (last page this line number only).....▶	1500000.00

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. 305SUNNSHINE STRATEGIES		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4549 Amount of Each Disbursement this Period 15000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. 305SUNNSHINE STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4550 Amount of Each Disbursement this Period 20000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. 305SUNNSHINE STRATEGIES		Date of Disbursement MM / DD / YYYY 03 / 10 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4551 Amount of Each Disbursement this Period 20000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	55000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. 305SUNNSHINE STRATEGIES

Mailing Address 7901 4TH ST N
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement
RESEARCH CONSULTING EXPENSES: TRAVEL

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 10 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4552
Amount of Each Disbursement this Period
369.19

Memo Item

Full Name (Last, First, Middle Initial)

B. 305SUNNSHINE STRATEGIES

Mailing Address 7901 4TH ST N
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 07 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4553
Amount of Each Disbursement this Period
24800.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 305SUNNSHINE STRATEGIES

Mailing Address 7901 4TH ST N
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement
RESEARCH CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 02 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4554
Amount of Each Disbursement this Period
23200.00

Memo Item

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

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

48369.19

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. 305SUNNSHINE STRATEGIES		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4555 Amount of Each Disbursement this Period 23200.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Category/Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ACE SPECIALTIES, LLC		Date of Disbursement MM / DD / YYYY 03 / 20 / 2023
Mailing Address PO BOX 80427		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4557 Amount of Each Disbursement this Period 4951.86
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement COLLATERAL: CAPS, PENS, LABELS, COLLATERAL: T-SHIRTS		Category/Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ACUMEN SOLUTIONS GROUP LLC		Date of Disbursement MM / DD / YYYY 02 / 14 / 2023
Mailing Address 35 PINELAWN RD STE 112		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4558 Amount of Each Disbursement this Period 3477.10
City MELVILLE	State NY	Zip Code 11747
Purpose of Disbursement EVENT INSURANCE		Category/Type [REDACTED]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	31628.96
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4559

Amount of Each Disbursement this Period

[REDACTED]	14586.21
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

B. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4560

Amount of Each Disbursement this Period

[REDACTED]	14586.21
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

C. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4561

Amount of Each Disbursement this Period

[REDACTED]	14586.21
------------	----------

Memo Item

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

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

[REDACTED]	43758.63
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[REDACTED]	
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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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	2	3

FEC Identification Number

C _____
Transaction ID : SB21B.4562
 Amount of Each Disbursement this Period
 _____ 14586.21

Memo Item

Full Name (Last, First, Middle Initial)

B. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C _____
Transaction ID : SB21B.4563
 Amount of Each Disbursement this Period
 _____ 14586.21

Memo Item

Full Name (Last, First, Middle Initial)

C. AFCO

Mailing Address PO BOX 371889

City
PITTSBURGH

State
PA

Zip Code
15250

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	3

FEC Identification Number

C _____
Transaction ID : SB21B.4564
 Amount of Each Disbursement this Period
 _____ 14586.21

Memo Item

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

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

4	3	7	5	8	6	.	2	1
---	---	---	---	---	---	---	---	---

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)
MAKE AMERICA GREAT AGAIN INC.

A. AL FRESCO

Full Name (Last, First, Middle Initial)

Mailing Address 23445 SOUTH OCEAN BLVD

City PAL BEACH State FL Zip Code 33480

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4947

Amount of Each Disbursement this Period: 70.78

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4956

Amount of Each Disbursement this Period: 799.21

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 28 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4951

Amount of Each Disbursement this Period: 233.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2022

FEC Identification Number: C

Transaction ID : SB21B.5035

Amount of Each Disbursement this Period: 702.43

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4954

Amount of Each Disbursement this Period: 597.60

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 03 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4950

Amount of Each Disbursement this Period: 128.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 06 / 2022

FEC Identification Number: C

Transaction ID : SB21B.4952

Amount of Each Disbursement this Period: 253.60

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4953

Amount of Each Disbursement this Period: 282.80

Memo Item

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4957

Amount of Each Disbursement this Period: 1401.91

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.4955 Amount of Each Disbursement this Period [] 645.90
City FORTH WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.4850]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 04 / 19 / 2023
Mailing Address 4333 AMON CARTER BLVD		FEC Identification Number C [] Transaction ID : SB21B.4949 Amount of Each Disbursement this Period [] 116.01
City FORTH WORTH	State TX	Zip Code 76155
Purpose of Disbursement REIMBURSEMENT [SB21B.4850]: TRAVEL: AIR		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMTRUST NORTH AMERICA		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address PO BOX 812319		FEC Identification Number C [] Transaction ID : SB21B.4570 Amount of Each Disbursement this Period [] 1000.00
City BOCA RATON	State FL	Zip Code 33481
Purpose of Disbursement WORKERS COMP INSURANCE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1000.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1920 MCKINNEY AVE.
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
MERCHANT 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 / 07 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4572

Amount of Each Disbursement this Period

4000.30

Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1920 MCKINNEY AVE.
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4573

Amount of Each Disbursement this Period

2000.30

Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1920 MCKINNEY AVE.
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4571

Amount of Each Disbursement this Period

41667.30

Memo Item

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

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

47667.90

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1920 MCKINNEY AVE.
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
MERCHANT FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4574
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. APPLE INC.

Mailing Address 3101 PGA BLVD

City PALM BEACH GARDENS State FL Zip Code 33410

Purpose of Disbursement
REIMBURSEMENT [SB21B.4848]: OFFICE EQUIPMENT: COMPUTERS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4959
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ASHBY LAW PC

Mailing Address 625 N. WASHINGTON STREET
STE 325

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4575
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. BEST BUY

Mailing Address 1880 PALM BEACH LAKES BLVD

City
WEST PALM BEACH

State
FL

Zip Code
33405

Purpose of Disbursement
REIMBURSEMENT [SB21B.4849]: OFFICE EQUIPMENT AND SUPPLIES:
~~PRINTER AND PAPER~~
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4961

Amount of Each Disbursement this Period

[REDACTED] 363.03

Memo Item

Full Name (Last, First, Middle Initial)

B. BLU20/CHILI'S

Mailing Address 1000 PALM BEACH INTERNATIONAL AIRP

City
WEST PALM BEACH

State
FL

Zip Code
33406

Purpose of Disbursement
REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5024

Amount of Each Disbursement this Period

[REDACTED] 32.89

Memo Item

Full Name (Last, First, Middle Initial)

C. BOYLE, DANIEL, , ,

Mailing Address 3229 HESTER DR

City
TALLAHASSEE

State
FL

Zip Code
32309

Purpose of Disbursement
RESEARCH CONSULTING
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4719

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

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

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

[REDACTED] 8000.00

[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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023	
Mailing Address 3229 HESTER DR		FEC Identification Number C [] Transaction ID : SB21B.4720 Amount of Each Disbursement this Period [] 8000.00	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type []
Purpose of Disbursement RESEARCH CONSULTING		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. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023	
Mailing Address 3229 HESTER DR		FEC Identification Number C [] Transaction ID : SB21B.5010 Amount of Each Disbursement this Period [] 1348.54	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type []
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023	
Mailing Address 3229 HESTER DR		FEC Identification Number C [] Transaction ID : SB21B.4721 Amount of Each Disbursement this Period [] 8000.00	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type []
Purpose of Disbursement RESEARCH CONSULTING		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 17348.54
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 3229 HESTER DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4722 Amount of Each Disbursement this Period 8000.00
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 04 / 05 / 2023
Mailing Address 3229 HESTER DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4723 Amount of Each Disbursement this Period 1380.02
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 3229 HESTER DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4724 Amount of Each Disbursement this Period 8000.00
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement RESEARCH CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

17380.02

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BOYLE, DANIEL, , ,		Date of Disbursement MM / DD / YYYY 06 / 01 / 2023	
Mailing Address 3229 HESTER DR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4725 Amount of Each Disbursement this Period 8000.00	
City TALLAHASSEE	State FL	Zip Code 32309	Category/ Type
Purpose of Disbursement RESEARCH CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BROTHER JIMMY'S		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023	
Mailing Address 177 FLEET STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4963 Amount of Each Disbursement this Period 77.75	
City OXON HILL	State MD	Zip Code 20745	Category/ Type
Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: TRAVEL: MEALS			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 01 / 17 / 2023	
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4848 Amount of Each Disbursement this Period 12071.91	
City WEST PALM BEACH	State FL	Zip Code 33401	Category/ Type
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	20071.91
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 03 / 14 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C Transaction ID : SB21B.5047 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	
Zip Code 33401		Category/ Type
Purpose of Disbursement PAYROLL [SB21B.4771]: EXECUTIVE DIRECTOR		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C Transaction ID : SB21B.5048 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	
Zip Code 33401		Category/ Type
Purpose of Disbursement PAYROLL [SB21B.4772]: EXECUTIVE DIRECTOR		
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 04 / 07 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C Transaction ID : SB21B.4849 Amount of Each Disbursement this Period 8992.20
City WEST PALM BEACH	State FL	
Zip Code 33401		Category/ Type
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

8992.20

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5049 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement PAYROLL [SB21B.4777]: EXECUTIVE DIRECTOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 04 / 27 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5050 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement PAYROLL [SB21B.4782]: EXECUTIVE DIRECTOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5051 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement PAYROLL [SB21B.4783]: EXECUTIVE DIRECTOR		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 05 / 15 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4850 Amount of Each Disbursement this Period 1683.05
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 05 / 30 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5052 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement PAYROLL [SB21B.4786]: EXECUTIVE DIRECTOR		Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2023
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5053 Amount of Each Disbursement this Period 6982.62
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement PAYROLL [SB21B.4789]: EXECUTIVE DIRECTOR		Category/ Type
Candidate Name		Memo Item <input checked="" type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1683.05
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BUDOWICH, TAYLOR, , ,		Date of Disbursement MM / DD / YYYY 06 / 29 / 2023	
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5054 Amount of Each Disbursement this Period 6982.62	
City WEST PALM BEACH	State FL	Zip Code 33401	Category/ Type
Purpose of Disbursement PAYROLL [SB21B.4792]: EXECUTIVE DIRECTOR			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 01 / 13 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4578 Amount of Each Disbursement this Period 10000.00	
City BEVERLY	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement COMPLIANCE CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 03 / 01 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4579 Amount of Each Disbursement this Period 10000.00	
City BEVERLY	State MA	Zip Code 01915	Category/ Type
Purpose of Disbursement COMPLIANCE CONSULTING			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

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

20000.00
[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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2023
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4580
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
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. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 03 / 20 / 2023
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4581
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY		Amount of Each Disbursement this Period [REDACTED] 37.21
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BULLDOG COMPLIANCE		Date of Disbursement MM / DD / YYYY 04 / 20 / 2023
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4582
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period [REDACTED] 10058.45
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 20095.66
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)
A. BULLDOG COMPLIANCE

Date of Disbursement: MM / DD / YYYY
05 / 17 / 2023

Mailing Address: 138 CONANT ST
STE 401

City: BEVERLY State: MA Zip Code: 01915

Purpose of Disbursement: COMPLIANCE CONSULTING

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.4583**
Amount of Each Disbursement this Period: 10028.66

Memo Item

Full Name (Last, First, Middle Initial)
B. CAMPAIGN NUCLEUS LLC

Date of Disbursement: MM / DD / YYYY
01 / 04 / 2023

Mailing Address: 3593 MEDINA RD
#110

City: MEDINA State: OH Zip Code: 44256

Purpose of Disbursement: WEB HOSTING AND EMAIL MARKETING

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.4584**
Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. CAMPAIGN NUCLEUS LLC

Date of Disbursement: MM / DD / YYYY
03 / 02 / 2023

Mailing Address: 3593 MEDINA RD
#110

City: MEDINA State: OH Zip Code: 44256

Purpose of Disbursement: WEB HOSTING AND EMAIL MARKETING

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.4585**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20028.66

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGN NUCLEUS LLC

Mailing Address 3593 MEDINA RD
#110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement
WEB HOSTING AND EMAIL MARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4586

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN NUCLEUS LLC

Mailing Address 3593 MEDINA RD
#110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement
WEB HOSTING AND EMAIL MARKETING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4587

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

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

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4596

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	5	0	2	5	0
---	---	---	---	---	---

1	5	0	2	5	0
---	---	---	---	---	---

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 01 / 17 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4597
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 01 / 23 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4598
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 01 / 27 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4599
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4600
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4601
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4602
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4603
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4604
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4605
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4606 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4607 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 07 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4608 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 09 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4609
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 10 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4610
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 2.50
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 14 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4611
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 52.50
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 14 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4612 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 02 / 14 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4613 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 01 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4614 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/ Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

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 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4615

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

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 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4616

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

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 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4617

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

75.00

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)
MAKE AMERICA GREAT AGAIN INC.

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4618

Amount of Each Disbursement this Period: 25.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4619

Amount of Each Disbursement this Period: 25.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4620

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4621
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4622
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4623
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 1445A LAUGHLIN AVE.

FEC Identification Number

C []

Transaction ID : SB21B.4624
Amount of Each Disbursement this Period

[] 25.00

Memo Item

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement
BANK FEE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 1445A LAUGHLIN AVE.

FEC Identification Number

C []

Transaction ID : SB21B.4625
Amount of Each Disbursement this Period

[] 25.00

Memo Item

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement
BANK FEE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 1445A LAUGHLIN AVE.

FEC Identification Number

C []

Transaction ID : SB21B.4626
Amount of Each Disbursement this Period

[] 25.00

Memo Item

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement
BANK FEE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

[] 75.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4627 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 10 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4628 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 10 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4629 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 17 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4630
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 20 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4631
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 20 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4632
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 23 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4633 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 29 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4634 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4635 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4636 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4637 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4638 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4639
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4640
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4641
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4642
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4643
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4644
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4645 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4646 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 07 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4647 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 07 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4648 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4649 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4650 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4651 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4652 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 12 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4653 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4654 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 18 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4655 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 19 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4656 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 19 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4657 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 27 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4658 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4659 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4660
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4661
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4662
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 50.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 100.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 01 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4663
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4664
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4665
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4666
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4667
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4668
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK			Date of Disbursement MM / DD / YYYY 05 / 02 / 2023	
Mailing Address 1445A LAUGHLIN AVE.				
City MCLEAN	State MA	Zip Code 22101	FEC Identification Number C	
Purpose of Disbursement BANK FEE			Transaction ID : SB21B.4669	
Candidate Name			Amount of Each Disbursement this Period 25.00	
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. CHAIN BRIDGE BANK			Date of Disbursement MM / DD / YYYY 05 / 03 / 2023	
Mailing Address 1445A LAUGHLIN AVE.				
City MCLEAN	State MA	Zip Code 22101	FEC Identification Number C	
Purpose of Disbursement BANK FEE			Transaction ID : SB21B.4670	
Candidate Name			Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement MM / DD / YYYY 05 / 03 / 2023	
Mailing Address 1445A LAUGHLIN AVE.				
City MCLEAN	State MA	Zip Code 22101	FEC Identification Number C	
Purpose of Disbursement BANK FEE			Transaction ID : SB21B.4671	
Candidate Name			Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4672
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 03 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4673
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 20.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4674
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 70.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4675 Amount of Each Disbursement this Period [REDACTED] 2.50
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4676 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4677 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 52.50
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 09 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4678
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 2.50
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 10 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4679
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4680
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 52.50
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4681
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 15 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4682
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 17 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4683
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4684

Amount of Each Disbursement this Period: 25.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4685

Amount of Each Disbursement this Period: 25.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE.

City MCLEAN State MA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4686

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 75.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 18 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4687
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 18 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4688
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 19 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4689
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Category/Type [REDACTED]	
Candidate Name	Amount of Each Disbursement this Period [REDACTED] 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 22 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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		

FEC Identification Number

Transaction ID : SB21B.4690

Amount of Each Disbursement this Period
 25.00

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 22 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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		

FEC Identification Number

Transaction ID : SB21B.4691

Amount of Each Disbursement this Period
 25.00

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 24 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="text"/>	
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		

FEC Identification Number

Transaction ID : SB21B.4692

Amount of Each Disbursement this Period
 25.00

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 75.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 24 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 25.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 30 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 25.00		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023	
Mailing Address 1445A LAUGHLIN AVE.			
City MCLEAN	State MA	Zip Code 22101	
Purpose of Disbursement BANK FEE		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C	
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:	Amount of Each Disbursement this Period 2.50		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	52.50
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4696
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4697
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4698
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE	Candidate Name	Amount of Each Disbursement this Period [] 25.00
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:	Category/Type	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4699 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4700 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4701 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4702 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 01 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4703 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 01 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4704 Amount of Each Disbursement this Period [REDACTED] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 75.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 02 / 2023	
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4705 Amount of Each Disbursement this Period [] 25.00	
City MCLEAN	State MA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK FEE		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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023	
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4706 Amount of Each Disbursement this Period [] 25.00	
City MCLEAN	State MA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 06 / 2023	
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4707 Amount of Each Disbursement this Period [] 25.00	
City MCLEAN	State MA	Zip Code 22101	Category/ Type []
Purpose of Disbursement BANK FEE		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 75.00
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 12 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4711 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 13 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4712 Amount of Each Disbursement this Period [] 25.00
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 29 / 2023
Mailing Address 1445A LAUGHLIN AVE.		FEC Identification Number C [] Transaction ID : SB21B.4713 Amount of Each Disbursement this Period [] 2.50
City MCLEAN	State MA	Zip Code 22101
Purpose of Disbursement BANK FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 52.50
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE STRATEGIES INC

Mailing Address 2100 21ST ST

City SACRAMENTO State CA Zip Code 95818

Purpose of Disbursement
STRATEGY CONSULTING EXPENSES: TRAVEL

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2023

FEC Identification Number

C []
Transaction ID : SB21B.4715
 Amount of Each Disbursement this Period
 [] 10222.85

Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE STRATEGIES INC

Mailing Address 2100 21ST ST

City SACRAMENTO State CA Zip Code 95818

Purpose of Disbursement
STRATEGY CONSULTING EXPENSES: TRAVEL

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2023

FEC Identification Number

C []
Transaction ID : SB21B.4717
 Amount of Each Disbursement this Period
 [] 4654.26

Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE STRATEGIES INC

Mailing Address 2100 21ST ST

City SACRAMENTO State CA Zip Code 95818

Purpose of Disbursement
STRATEGY CONSULTING EXPENSES: TRAVEL

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2023

FEC Identification Number

C []
Transaction ID : SB21B.4716
 Amount of Each Disbursement this Period
 [] 8591.73

Memo Item

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

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

[] 23468.84
 []

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. CRYSTAL CITY MARRIOTT AT REAGAN NATIONAL		Date of Disbursement MM / DD / YYYY 12 / 10 / 2022
Mailing Address 1999 JEFFERSON DAVIS HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4965 Amount of Each Disbursement this Period [REDACTED] 701.54
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: LODGING		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. EL CENTRO DCA		Date of Disbursement MM / DD / YYYY 03 / 05 / 2023
Mailing Address 2401 RONALD REAGAN WASHINGTON NATI		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5020 Amount of Each Disbursement this Period [REDACTED] 18.73
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELECTIONS LLC		Date of Disbursement MM / DD / YYYY 03 / 20 / 2023
Mailing Address 1050 CONNECTICUT AVE NW STE 500		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4727 Amount of Each Disbursement this Period [REDACTED] 12500.00
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL CONSULTING		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 12500.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. ELECTIONS LLC

Mailing Address 1050 CONNECTICUT AVE NW
STE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4728

Amount of Each Disbursement this Period

12500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTIONS LLC

Mailing Address 1050 CONNECTICUT AVE NW
STE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4729

Amount of Each Disbursement this Period

16068.51

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTORAL COMMUNICATIONS GROUP LLC

Mailing Address 701 S HOWARD AVE
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.4731

Amount of Each Disbursement this Period

65000.00

Memo Item

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

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

93568.51

**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)
MAKE AMERICA GREAT AGAIN INC.

A. ELECTORAL COMMUNICATIONS GROUP LLC

Full Name (Last, First, Middle Initial)

Mailing Address 701 S HOWARD AVE
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement PRINTING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 26 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4730

Amount of Each Disbursement this Period: 18759.23

Memo Item

B. EVENT STRATEGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4733

Amount of Each Disbursement this Period: 66218.31

Memo Item

C. EVENT STRATEGIES, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4734

Amount of Each Disbursement this Period: 66218.31

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 151195.85

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. EVENT STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2023

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
EVENT EXPENSE: FACILITY RENTAL AND CATERING SERVICES,
EVENT EXPENSE: LODGING
Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4735
Amount of Each Disbursement this Period

39363.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EVENT STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2023

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
EVENT STAGING EXPENSE
Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4736
Amount of Each Disbursement this Period

52933.79

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. EVENT STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION
Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4732
Amount of Each Disbursement this Period

45.00

Memo Item

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

92341.79

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. EVENT STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address 510 KING STREET
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
COLLATERAL: POSTAGE AND SHIPPING EXPENSE, EVENT EXPENSES:
EVENT STAFF AND TRAVEL EXPENSES

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4737

Amount of Each Disbursement this Period

6032.95

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FABRIZIO, LEE & ASSOCIATES, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2023

Mailing Address 2624 NE 15TH STREET

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
POLLING EXPENSE

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4739

Amount of Each Disbursement this Period

140750.00

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FABRIZIO, LEE & ASSOCIATES, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2023

Mailing Address 2624 NE 15TH STREET

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement
POLLING EXPENSE

Candidate Name

Category/
Type

FEC Identification Number

C

Transaction ID : SB21B.4740

Amount of Each Disbursement this Period

31500.00

Memo Item

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

178282.95

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. FABRIZIO, LEE & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2023
Mailing Address 2624 NE 15TH STREET		FEC Identification Number C [] Transaction ID : SB21B.4741 Amount of Each Disbursement this Period 208000.00
City FT. LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement POLLING EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FABRIZIO, LEE & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 2624 NE 15TH STREET		FEC Identification Number C [] Transaction ID : SB21B.4742 Amount of Each Disbursement this Period 128375.00
City FT. LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement POLLING EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FABRIZIO, LEE & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023
Mailing Address 2624 NE 15TH STREET		FEC Identification Number C [] Transaction ID : SB21B.4743 Amount of Each Disbursement this Period 54000.00
City FT. LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement POLLING EXPENSE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	390375.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. FABRIZIO, LEE & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2023
Mailing Address 2624 NE 15TH STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4744 Amount of Each Disbursement this Period 2510.31
City FT. LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement POLLING CONSULTANT EXPENSES: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FABRIZIO, LEE & ASSOCIATES, LLC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2023
Mailing Address 2624 NE 15TH STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4745 Amount of Each Disbursement this Period 2372.98
City FT. LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement POLLING CONSULTANT EXPENSES: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FORWARD STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 7222 ANHINGA FARMS RD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4746 Amount of Each Disbursement this Period 50000.00
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	54883.29
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)
A. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4747
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4748
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4749
Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. FORWARD STRATEGIES

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4750
Amount of Each Disbursement this Period
25000.00

Memo Item

B. FROST ECHOLS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 224 OAKLAND AVE

City ROCK HILL State SC Zip Code 29730

Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4753
Amount of Each Disbursement this Period
5616.50

Memo Item

C. FROST ECHOLS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 224 OAKLAND AVE

City ROCK HILL State SC Zip Code 29730

Purpose of Disbursement
LEGAL ESCROW

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4752
Amount of Each Disbursement this Period
72500.00

Memo Item

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

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

103116.50

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. FROST ECHOLS LLC		Date of Disbursement MM / DD / YYYY 04 / 05 / 2023
Mailing Address 224 OAKLAND AVE		FEC Identification Number C Transaction ID : SB21B.4754 Amount of Each Disbursement this Period 7452.50
City ROCK HILL	State SC	
Zip Code 29730		Memo Item <input type="checkbox"/>
Purpose of Disbursement LEGAL CONSULTING		
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. FROST FLORIDA		Date of Disbursement MM / DD / YYYY 02 / 14 / 2023
Mailing Address 740 S. POWERLINE RD STE H		FEC Identification Number C Transaction ID : SB21B.4755 Amount of Each Disbursement this Period 5624.99
City DEERFIELD BEACH	State FL	
Zip Code 33442		Memo Item <input type="checkbox"/>
Purpose of Disbursement EVENT STAGING EXPENSES: AUDIO/VISUAL		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GO BIG MEDIA		Date of Disbursement MM / DD / YYYY 04 / 12 / 2023
Mailing Address 44 CANAL CENTER PLZ STE 315		FEC Identification Number C Transaction ID : SB21B.4757 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	
Zip Code 22314		Memo Item <input type="checkbox"/>
Purpose of Disbursement DIGITAL CONSULTING		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23077.49
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. GO BIG MEDIA

Mailing Address 44 CANAL CENTER PLZ
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING AND WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4758
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. GO BIG MEDIA

Mailing Address 44 CANAL CENTER PLZ
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRODUCTION COSTS: DIGITAL ADS (NON IE RELATED)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4756
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. GRABIEN

Mailing Address PO BOX 7502

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement
REIMBURSEMENT [SB21B.4848]: SUBSCRIPTION: TV MONITORING SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.4967
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. HERTZ

Mailing Address 5601 NORTHWEST EXPRESSWAY

City OKLAHOMA CITY State OK Zip Code 73132

Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 18 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4969
Amount of Each Disbursement this Period
777.53

Memo Item

Full Name (Last, First, Middle Initial)

B. HERTZ

Mailing Address 5601 NORTHWEST EXPRESSWAY

City OKLAHOMA CITY State OK Zip Code 73132

Purpose of Disbursement REIMBURSEMENT [SB21B.4850]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 19 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4970
Amount of Each Disbursement this Period
921.14

Memo Item

Full Name (Last, First, Middle Initial)

C. HOLMES FIRM PC

Mailing Address 14241 DALLAS PKWY STE 800

City DALLAS State TX Zip Code 75254

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 27 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4760
Amount of Each Disbursement this Period
531.25

Memo Item

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

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

531.25

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. HOLMES FIRM PC			Date of Disbursement MM / DD / YYYY 04 / 12 / 2023	
Mailing Address 14241 DALLAS PKWY STE 800			FEC Identification Number C [] Transaction ID : SB21B.4761	
City DALLAS	State TX	Zip Code 75254	Amount of Each Disbursement this Period [] 450.00	
Purpose of Disbursement LEGAL CONSULTING		Candidate Name []	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: []				

Full Name (Last, First, Middle Initial) B. HUBBERT STRATEGIC CONSULTING, LLC			Date of Disbursement MM / DD / YYYY 02 / 03 / 2023	
Mailing Address 945 48TH ST #101			FEC Identification Number C [] Transaction ID : SB21B.4763	
City SACRAMENTO	State CA	Zip Code 95819	Amount of Each Disbursement this Period [] 7500.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name []	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: []				

Full Name (Last, First, Middle Initial) C. HUBBERT STRATEGIC CONSULTING, LLC			Date of Disbursement MM / DD / YYYY 03 / 03 / 2023	
Mailing Address 945 48TH ST #101			FEC Identification Number C [] Transaction ID : SB21B.4764	
City SACRAMENTO	State CA	Zip Code 95819	Amount of Each Disbursement this Period [] 7500.00	
Purpose of Disbursement FUNDRAISING CONSULTING		Candidate Name []	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District: []				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 15450.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. JETBLUE

Mailing Address 27-01 QUEENS PLAZA NORTH

City LONG ISLAND CITY State NY Zip Code 11101

Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5028

Amount of Each Disbursement this Period

[REDACTED] 423.54

Memo Item

Full Name (Last, First, Middle Initial)

B. KCL, LLC

Mailing Address 137 WINNACUNNET RD

City HAMPTON State NH Zip Code 03842

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4766

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KCL, LLC

Mailing Address 137 WINNACUNNET RD

City HAMPTON State NH Zip Code 03842

Purpose of Disbursement COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4767

Amount of Each Disbursement this Period

[REDACTED] 723.56

Memo Item

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

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

[REDACTED] 8723.56

[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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. KCL, LLC

Mailing Address 137 WINNACUNNET RD

City HAMPTON State NH Zip Code 03842

Purpose of Disbursement
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 18 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4768
Amount of Each Disbursement this Period
915.01

Memo Item

Full Name (Last, First, Middle Initial)

B. KCL, LLC

Mailing Address 137 WINNACUNNET RD

City HAMPTON State NH Zip Code 03842

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.4769
Amount of Each Disbursement this Period
8000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KEY PROVISIONS GAYLORD NATIONAL

Mailing Address 201 WATERFRONT ST

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement
REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 01 / 2023

FEC Identification Number

C
Transaction ID : SB21B.5022
Amount of Each Disbursement this Period
22.26

Memo Item

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

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

8915.01

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. LYFT		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 185 BERRY STREER		FEC Identification Number C [REDACTED]
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB21B.4972
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 25.01
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. MAISON CHERYL		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 2900 WILSON BLVD		FEC Identification Number C [REDACTED]
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: STAFF MEETING: MEALS		Transaction ID : SB21B.4974
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 63.90
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MARKETPLACE GAYLORD NATIONAL		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 201 WATERFRONT ST		FEC Identification Number C [REDACTED]
City NATIONAL HARBOR	State MD	Zip Code 20745
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS		Transaction ID : SB21B.5015
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 16.96
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. MARKETPLACE GAYLORD NATIONAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2023

Mailing Address 201 WATERFRONT ST

FEC Identification Number

C

Transaction ID : SB21B.5016

Amount of Each Disbursement this Period

24.38

Memo Item

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement
REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MARKETPLACE GAYLORD NATIONAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2023

Mailing Address 201 WATERFRONT ST

FEC Identification Number

C

Transaction ID : SB21B.5013

Amount of Each Disbursement this Period

24.91

Memo Item

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement
REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MARKETPLACE GAYLORD NATIONAL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2023

Mailing Address 201 WATERFRONT ST

FEC Identification Number

C

Transaction ID : SB21B.5014

Amount of Each Disbursement this Period

12.19

Memo Item

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement
REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. MARKETPLACE GAYLORD NATIONAL		Date of Disbursement MM / DD / YYYY 03 / 04 / 2023
Mailing Address 201 WATERFRONT ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5012 Amount of Each Disbursement this Period [REDACTED] 38.16
City NATIONAL HARBOR	State MD	Zip Code 20745
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MASTRO'S STEAKHOUSE DC		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 600 13TH ST NW		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4976 Amount of Each Disbursement this Period [REDACTED] 718.40
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: EVENT EXPENSE: MEALS		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MELTWATER NEWS US INC		Date of Disbursement MM / DD / YYYY 03 / 22 / 2023
Mailing Address PO BOX 23721		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4978 Amount of Each Disbursement this Period [REDACTED] 5885.00
City PASADENA	State CA	Zip Code 91706
Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: SOFTWARE SUBSCRIPTION: MEDIA CLIPPING SERVICE		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. NPT SPORTS BAR GAYLORD NATIONAL

Date of Disbursement

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

Mailing Address 201 WATERFRONT ST

FEC Identification Number

C []
Transaction ID : SB21B.5032
 Amount of Each Disbursement this Period
 [] 27.89

City NATIONAL HARBOR State MD Zip Code 20745

Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

B. PAYCHEX OF NEW YORK LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	4		2	0	2	3		

Mailing Address 714 BROOK STREET SUITE 120

FEC Identification Number

C []
Transaction ID : SB21B.4771
 Amount of Each Disbursement this Period
 [] 6982.62

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL

[]
Category/Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

C. PAYCHEX OF NEW YORK LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	4		2	0	2	3		

Mailing Address 714 BROOK STREET SUITE 120

FEC Identification Number

C []
Transaction ID : SB21B.4773
 Amount of Each Disbursement this Period
 [] 3824.38

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL TAXES

[]
Category/Type

Candidate Name

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

Memo Item

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

[] 10807.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4775 Amount of Each Disbursement this Period [] 46.65
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4772 Amount of Each Disbursement this Period [] 6982.62
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4774 Amount of Each Disbursement this Period [] 3782.38
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10811.65
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4776
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL SERVICE FEES		Amount of Each Disbursement this Period [] 46.65
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. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4777
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period [] 6982.62
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) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4778
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period [] 3782.38
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

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10811.65
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 14 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4779 Amount of Each Disbursement this Period 61.65
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL SERVICE FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 26 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4780 Amount of Each Disbursement this Period 3782.38
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL TAXES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 26 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4781 Amount of Each Disbursement this Period 46.65
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL SERVICE FEES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3890.68
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 04 / 27 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4782 Amount of Each Disbursement this Period 6982.62
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4783 Amount of Each Disbursement this Period 6982.62
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C Transaction ID : SB21B.4784 Amount of Each Disbursement this Period 3782.38
City ROCKY HILL	State CT	
Zip Code 06067		Memo Item <input type="checkbox"/>
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	17747.62
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 05 / 15 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4785
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL SERVICE FEES		Amount of Each Disbursement this Period [] 46.65
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4786
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period [] 6982.62
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 05 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4787
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period [] 3782.38
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10811.65
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)
MAKE AMERICA GREAT AGAIN INC.

A. PAYCHEX OF NEW YORK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 714 BROOK STREET
SUITE 120

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL SERVICE FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4788

Amount of Each Disbursement this Period: 46.65

Memo Item

B. PAYCHEX OF NEW YORK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 714 BROOK STREET
SUITE 120

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4789

Amount of Each Disbursement this Period: 6982.62

Memo Item

C. PAYCHEX OF NEW YORK LLC

Full Name (Last, First, Middle Initial)

Mailing Address 714 BROOK STREET
SUITE 120

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4790

Amount of Each Disbursement this Period: 3782.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10811.65

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

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4791
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL SERVICE FEES		Amount of Each Disbursement this Period [] 49.42
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 06 / 29 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4792
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period [] 6982.62
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4793
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period [] 3782.38
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

10814.42

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PAYCHEX OF NEW YORK LLC		Date of Disbursement MM / DD / YYYY 06 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [] Transaction ID : SB21B.4794 Amount of Each Disbursement this Period [] 49.42
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL SERVICE FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PBI PARKING		Date of Disbursement MM / DD / YYYY 03 / 05 / 2023
Mailing Address 1000 PALM BEACH INTERNATIONAL AIRP		FEC Identification Number C [] Transaction ID : SB21B.5018 Amount of Each Disbursement this Period [] 90.57
City WEST PALM BEACH	State FL	Zip Code 33406
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: PARKING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4795 Amount of Each Disbursement this Period [] 15000.00
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 15049.42
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 01 / 27 / 2023
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4796
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 4000.00
Candidate Name		<input type="checkbox"/> Memo Item
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. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4797
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2023
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4798
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	34000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023	
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4799 Amount of Each Disbursement this Period [] 15000.00	
City DOVER State DE Zip Code 19901	Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023	
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4800 Amount of Each Disbursement this Period [] 631.23	
City DOVER State DE Zip Code 19901	Purpose of Disbursement COMMUNICATIONS CONSULTING EXPENSES: TRAVEL	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 05 / 02 / 2023	
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [] Transaction ID : SB21B.4801 Amount of Each Disbursement this Period [] 15000.00	
City DOVER State DE Zip Code 19901	Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type []	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	[] 30631.23
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. PFEIFFER PUBLIC AFFAIRS, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4802 Amount of Each Disbursement this Period 15000.00
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement COMMUNICATIONS CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PRIME 360 PHOTOGRAPHY LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2023
Mailing Address 2468 GULFBREEZE CIR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4804 Amount of Each Disbursement this Period 2100.00
City PALM HARBOR	State FL	Zip Code 34683
Purpose of Disbursement EVENT EXPENSE: PHOTOGRAPHY SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RAPID RESPONSE DIGITAL LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023
Mailing Address 516 S DIXIE HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4805 Amount of Each Disbursement this Period 7500.00
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	24600.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)
A. RAPID RESPONSE DIGITAL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2023

Mailing Address 516 S DIXIE HWY

FEC Identification Number

C []
Transaction ID : SB21B.4806
 Amount of Each Disbursement this Period
 [] 7500.00

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement
DIGITAL CONSULTING

[]
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)
B. RAPID RESPONSE DIGITAL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		01		2023

Mailing Address 516 S DIXIE HWY

FEC Identification Number

C []
Transaction ID : SB21B.4807
 Amount of Each Disbursement this Period
 [] 7500.00

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement
DIGITAL CONSULTING

[]
 Category/
 Type

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)
C. RAPID RESPONSE DIGITAL LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2023

Mailing Address 516 S DIXIE HWY

FEC Identification Number

C []
Transaction ID : SB21B.4808
 Amount of Each Disbursement this Period
 [] 7500.00

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement
DIGITAL CONSULTING

[]
 Category/
 Type

Candidate Name

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

Memo Item

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

[] 22500.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. RAPID RESPONSE DIGITAL LLC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2023
Mailing Address 516 S DIXIE HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4809 Amount of Each Disbursement this Period 7500.00
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RAPID RESPONSE DIGITAL LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 516 S DIXIE HWY		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4810 Amount of Each Disbursement this Period 7500.00
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. REDSHIFT STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4811 Amount of Each Disbursement this Period 15000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. REDSHIFT STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [] Transaction ID : SB21B.4812 Amount of Each Disbursement this Period 15000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. REDSHIFT STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [] Transaction ID : SB21B.4813 Amount of Each Disbursement this Period 15000.00
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. REDSHIFT STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [] Transaction ID : SB21B.4814 Amount of Each Disbursement this Period 9705.71
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement EVENT EXPENSES: LODGING AND CATERING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

39705.71

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. REDSHIFT STRATEGIES, LLC			Date of Disbursement MM / DD / YYYY 04 / 11 / 2023	
Mailing Address 7901 4TH ST N STE 300			FEC Identification Number C [] Transaction ID : SB21B.4815 Amount of Each Disbursement this Period 15000.00	
City ST PETERSBURG	State FL	Zip Code 33702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type []		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. REDSHIFT STRATEGIES, LLC			Date of Disbursement MM / DD / YYYY 05 / 02 / 2023	
Mailing Address 7901 4TH ST N STE 300			FEC Identification Number C [] Transaction ID : SB21B.4816 Amount of Each Disbursement this Period 15000.00	
City ST PETERSBURG	State FL	Zip Code 33702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type []		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. REDSHIFT STRATEGIES, LLC			Date of Disbursement MM / DD / YYYY 06 / 01 / 2023	
Mailing Address 7901 4TH ST N STE 300			FEC Identification Number C [] Transaction ID : SB21B.4817 Amount of Each Disbursement this Period 15000.00	
City ST PETERSBURG	State FL	Zip Code 33702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement MANAGEMENT CONSULTING		Category/ Type []		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	45000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. RESTORE AMERICA MEDIA LLC		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 1626 BELLE VIEW BLVD STE 7045		FEC Identification Number C [] Transaction ID : SB21B.4819 Amount of Each Disbursement this Period [] 34871.72
City ALEXANDRIA	State VA	Zip Code 22307
Purpose of Disbursement PRODUCTION COSTS: DIGITAL ADS (NON IE RELATED)		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RESTORE AMERICA MEDIA LLC		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 1626 BELLE VIEW BLVD STE 7045		FEC Identification Number C [] Transaction ID : SB21B.4820 Amount of Each Disbursement this Period [] 10000.00
City ALEXANDRIA	State VA	Zip Code 22307
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RESTORE AMERICA MEDIA LLC		Date of Disbursement MM / DD / YYYY 05 / 18 / 2023
Mailing Address 1626 BELLE VIEW BLVD STE 7045		FEC Identification Number C [] Transaction ID : SB21B.4821 Amount of Each Disbursement this Period [] 10000.00
City ALEXANDRIA	State VA	Zip Code 22307
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 54871.72
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. RESTORE AMERICA MEDIA LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1626 BELLE VIEW BLVD STE 7045		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4822 Amount of Each Disbursement this Period 10000.00
City ALEXANDRIA	State VA	Zip Code 22307
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RIGHT AIM MEDIA, LLC		Date of Disbursement MM / DD / YYYY 01 / 04 / 2023
Mailing Address 4030 HENDERSON BLVD STE 351		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4823 Amount of Each Disbursement this Period 10500.00
City TAMPA	State FL	Zip Code 33629
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RICHTLIFE MEDIA LLC		Date of Disbursement MM / DD / YYYY 01 / 13 / 2023
Mailing Address 7316 MASONBORO SOUND ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4824 Amount of Each Disbursement this Period 2201.26
City WILMINGTON	State NC	Zip Code 28409
Purpose of Disbursement PRODUCTION COSTS: VIDEO		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	22701.26
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)
MAKE AMERICA GREAT AGAIN INC.

A. RICHTLIFE MEDIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address 7316 MASONBORO SOUND ROAD

City WILMINGTON State NC Zip Code 28409

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4825

Amount of Each Disbursement this Period: 10500.00

Memo Item

B. RICHTLIFE MEDIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address 7316 MASONBORO SOUND ROAD

City WILMINGTON State NC Zip Code 28409

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4826

Amount of Each Disbursement this Period: 10500.00

Memo Item

C. RICHTLIFE MEDIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address 7316 MASONBORO SOUND ROAD

City WILMINGTON State NC Zip Code 28409

Purpose of Disbursement DIGITAL CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4827

Amount of Each Disbursement this Period: 3909.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24909.14

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. RICHTLIFE MEDIA LLC		Date of Disbursement MM / DD / YYYY 04 / 03 / 2023
Mailing Address 7316 MASONBORO SOUND ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4828 Amount of Each Disbursement this Period 10500.00
City WILMINGTON	State NC	Zip Code 28409
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RICHTLIFE MEDIA LLC		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 7316 MASONBORO SOUND ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4829 Amount of Each Disbursement this Period 2443.54
City WILMINGTON	State NC	Zip Code 28409
Purpose of Disbursement DIGITAL CONSULTING EXPENSES: TRAVEL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ROSA MEXICANO		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 153 WATERFRONT ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5034 Amount of Each Disbursement this Period 70.72
City NATIONAL HARBOR	State MD	Zip Code 20745
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	12943.54
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. RUTH CHRIS STEAKHOUSE		Date of Disbursement MM / DD / YYYY 11 / 14 / 2022
Mailing Address 651 OKEECHOBEE BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4980 Amount of Each Disbursement this Period 800.43
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: STAFF MEETING: MEALS		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SAWGRASS STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 02 / 03 / 2023
Mailing Address 3484 LAKESHORE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4836 Amount of Each Disbursement this Period 7500.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SAWGRASS STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 3484 LAKESHORE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4837 Amount of Each Disbursement this Period 7991.20
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement FUNDRAISING CONSULTING		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15491.20
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)
MAKE AMERICA GREAT AGAIN INC.

A. SAWGRASS STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
04 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period: 7500.00

Memo Item

B. SAWGRASS STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4839

Amount of Each Disbursement this Period: 7500.00

Memo Item

C. SAWGRASS STRATEGIES, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.4840

Amount of Each Disbursement this Period: 7500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. SAWGRASS STRATEGIES, LLC		Date of Disbursement MM / DD / YYYY 06 / 09 / 2023
Mailing Address 3484 LAKESHORE DRIVE		FEC Identification Number C [] Transaction ID : SB21B.4841 Amount of Each Disbursement this Period [] 2979.00
City TALLAHASSEE	State FL	Zip Code 32301
Purpose of Disbursement FUNDRAISING CONSULTING EXPENSES: TRAVEL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SEC CONSULTING LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 684 LEEWARD DR		FEC Identification Number C [] Transaction ID : SB21B.4843 Amount of Each Disbursement this Period [] 10000.00
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SEC CONSULTING LLC		Date of Disbursement MM / DD / YYYY 05 / 12 / 2023
Mailing Address 684 LEEWARD DR		FEC Identification Number C [] Transaction ID : SB21B.4844 Amount of Each Disbursement this Period [] 20000.00
City BATON ROUGE	State LA	Zip Code 70808
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 32979.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2023
Mailing Address 4238 LOMO ALTO CT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4846 Amount of Each Disbursement this Period 10000.00
City DALLAS	State TX	Zip Code 75219
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SUCCOTASH		Date of Disbursement MM / DD / YYYY 03 / 02 / 2023
Mailing Address 186 WATERFRONT ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4982 Amount of Each Disbursement this Period 76.64
City NATIONAL HARBOR	State MD	Zip Code 20745
Purpose of Disbursement REIMBURSEMENT [SB21B.4849]: TRAVEL: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SWEET FIRE DONNA'S		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 510 JOHN CARLYLE ST.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5043 Amount of Each Disbursement this Period 15.66
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. THE ALEXANDRIAN OLD TOWN ALEXANDRIA		Date of Disbursement MM / DD / YYYY 12 / 08 / 2022
Mailing Address 480 KING STREET		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4984 Amount of Each Disbursement this Period 53.40
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: STAFF MEETING: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE BINNALL LAW GROUP		Date of Disbursement MM / DD / YYYY 04 / 04 / 2023
Mailing Address 717 KING STREET STE 200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4852 Amount of Each Disbursement this Period 5000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LEGAL CONSULTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE MAR-A-LAGO CLUB		Date of Disbursement MM / DD / YYYY 02 / 07 / 2023
Mailing Address 1100 SOUTH OCEAN BLVD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4853 Amount of Each Disbursement this Period 11810.40
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement EVENT EXPENSE: FACILITIES RENTAL AND CATERING SERVICES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	16810.40
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. THE MAR-A-LAGO CLUB		Date of Disbursement MM / DD / YYYY 02 / 09 / 2023
Mailing Address 1100 SOUTH OCEAN BLVD		FEC Identification Number C [] Transaction ID : SB21B.4854 Amount of Each Disbursement this Period [] 3936.80
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement EVENT EXPENSE: FACILITIES RENTAL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE MAR-A-LAGO CLUB		Date of Disbursement MM / DD / YYYY 03 / 14 / 2023
Mailing Address 1100 SOUTH OCEAN BLVD		FEC Identification Number C [] Transaction ID : SB21B.4855 Amount of Each Disbursement this Period [] 4860.37
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement EVENT EXPENSE: FACILITIES RENTAL AND CATERING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE MAR-A-LAGO CLUB		Date of Disbursement MM / DD / YYYY 05 / 22 / 2023
Mailing Address 1100 SOUTH OCEAN BLVD		FEC Identification Number C [] Transaction ID : SB21B.4856 Amount of Each Disbursement this Period [] 3813.95
City PALM BEACH	State FL	Zip Code 33480
Purpose of Disbursement EVENT EXPENSE: CATERING SERVICES, EVENT EXPENSE: FACILITY RENTAL AND CATERING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 12611.12
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. THE UPS STORE

Mailing Address 516 S DIXIE HWY

City
WEST PALM BEACH

State
FL

Zip Code
33405

Purpose of Disbursement
REIMBURSEMENT [SB21B.4849]: POSTAGE AND DELIVERY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.4986

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									10.00

Memo Item

Full Name (Last, First, Middle Initial)

B. THE UPS STORE

Mailing Address 516 S DIXIE HWY

City
WEST PALM BEACH

State
FL

Zip Code
33405

Purpose of Disbursement
REIMBURSEMENT [SB21B.4849]: POSTAGE AND DELIVERY

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.4987

Amount of Each Disbursement this Period

4	8	1	4	0	0	0	0	0	0
									48.14

Memo Item

Full Name (Last, First, Middle Initial)

C. TIDELINE OCEAN RESORT & SPA

Mailing Address 2842 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement
REIMBURSEMENT [SB21B.4848]: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.4989

Amount of Each Disbursement this Period

2	2	9	5	4	7	0	0	0	0
									2295.47

Memo Item

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

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

0	0	0	0	0	0	0	0	0	0
									0.00

0	0	0	0	0	0	0	0	0	0
									0.00

**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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. TRADEMARK DRINK + EAT		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 400 COURTHOUSE SQ.		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5045 Amount of Each Disbursement this Period 19.54
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: MEALS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TRUMP INTERNATIONAL		Date of Disbursement MM / DD / YYYY 03 / 16 / 2023
Mailing Address 3505 SUMMIT BOULEVARD		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4858 Amount of Each Disbursement this Period 642.00
City WEST PALM BEACH	State FL	Zip Code 33406
Purpose of Disbursement EVENT EXPENSE: FACILITIES RENTAL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 03 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5004 Amount of Each Disbursement this Period 41.89
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	642.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5007
Amount of Each Disbursement this Period

[REDACTED] 86.56

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4999
Amount of Each Disbursement this Period

[REDACTED] 29.90

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4991
Amount of Each Disbursement this Period

[REDACTED] 16.55

Memo Item

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

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

[REDACTED] 0.00

[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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4993

Amount of Each Disbursement this Period

[REDACTED] 16.65

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4992

Amount of Each Disbursement this Period

[REDACTED] 16.55

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5003

Amount of Each Disbursement this Period

[REDACTED] 41.78

Memo Item

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

[REDACTED] 0.00

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.4995 Amount of Each Disbursement this Period [] 26.79
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.5002 Amount of Each Disbursement this Period [] 37.00
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.5006 Amount of Each Disbursement this Period [] 48.12
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 07 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5041 Amount of Each Disbursement this Period [REDACTED] 41.83
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: GROUND TRANSPORTATION		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4997 Amount of Each Disbursement this Period [REDACTED] 28.79
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5000 Amount of Each Disbursement this Period [REDACTED] 31.68
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.5039 Amount of Each Disbursement this Period [] 12.22
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 08 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.5040 Amount of Each Disbursement this Period [] 10.22
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [] Transaction ID : SB21B.4996 Amount of Each Disbursement this Period [] 27.85
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED]
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB21B.5001
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 34.41
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 09 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED]
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB21B.5038
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 25.54
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 12 / 10 / 2022
Mailing Address 182 HOWARD ST. STE 8		FEC Identification Number C [REDACTED]
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB21B.5005
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 43.00
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
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

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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4998

Amount of Each Disbursement this Period

29.47

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2022			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4994

Amount of Each Disbursement this Period

22.16

Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			28			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5025

Amount of Each Disbursement this Period

53.53

Memo Item

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

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

0.00

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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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 182 HOWARD ST. STE 8

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5026

Amount of Each Disbursement this Period

[REDACTED] 45.88

Memo Item

Full Name (Last, First, Middle Initial)

B. UNCONVENTIONAL DINER

Mailing Address 1207 9TH ST NW

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement REIMBURSEMENT [SB21B.4848]: STAFF MEETING: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5009

Amount of Each Disbursement this Period

[REDACTED] 53.30

Memo Item

Full Name (Last, First, Middle Initial)

C. WESTIN HOTEL

Mailing Address 400 COURTHOUSE SQ.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REIMBURSEMENT [SB21B.5010]: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5037

Amount of Each Disbursement this Period

[REDACTED] 521.10

Memo Item

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

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

[REDACTED] 0.00

[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)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. WEST PALM BEACH MARRIOTT		Date of Disbursement MM / DD / YYYY 02 / 23 / 2023
Mailing Address 1001 OKEECHOBEE BLVD		FEC Identification Number C [] Transaction ID : SB21B.5030 Amount of Each Disbursement this Period [] 73.03
City WEST PALM BEACH	State FL	Zip Code 33401
Purpose of Disbursement REIMBURSEMENT [SB21B.4723]: TRAVEL: PARKING AND MEALS		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[] 2238475.25

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial) A. SAVE AMERICA			Date of Disbursement MM / DD / YYYY 05 / 05 / 2023
Mailing Address P.O. BOX 13570			FEC Identification Number C00762591 Transaction ID : SB28C.4937 Amount of Each Disbursement this Period 1000000.00
City ARLINGTON	State VA	Zip Code 22219	Category/ Type
Purpose of Disbursement CONTRIBUTION REFUND			
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) B. SAVE AMERICA			Date of Disbursement MM / DD / YYYY 05 / 09 / 2023
Mailing Address P.O. BOX 13570			FEC Identification Number C00762591 Transaction ID : SB28C.4939 Amount of Each Disbursement this Period 5000000.00
City ARLINGTON	State VA	Zip Code 22219	Category/ Type
Purpose of Disbursement CONTRIBUTION REFUND			
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) C. SAVE AMERICA			Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address P.O. BOX 13570			FEC Identification Number C00762591 Transaction ID : SB28C.4941 Amount of Each Disbursement this Period 5000000.00
City ARLINGTON	State VA	Zip Code 22219	Category/ Type
Purpose of Disbursement CONTRIBUTION REFUND			
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶			11000000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. SAVE AMERICA

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 13570

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 29 / 2023

FEC Identification Number: C C00762591
Transaction ID : SB28C.4943

Amount of Each Disbursement this Period: 1250000.00

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
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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1250000.00
TOTAL This Period (last page this line number only).....▶	12250000.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. AMERICAN CONSERVATIVE UNION FOUNDATION

Full Name (Last, First, Middle Initial)

Mailing Address 1199 N FAIRFAX ST
STE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CHARITABLE CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB29.4566

Amount of Each Disbursement this Period: 130000.00

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
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

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

SUBTOTAL of Disbursements This Page (optional).....▶	130000.00
TOTAL This Period (last page this line number only).....▶	130000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 141 OF 166
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESTORE AMERICA MEDIA			Nature of Debt (Purpose): PRODUCTION COST: TV AD
Mailing Address 1626 BELLE VIEW BLVD STE 7045			
City ALEXANDRIA	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5073	
Amount Incurred This Period 19303.54	Payment This Period 0.00	Outstanding Balance at Close of This Period 19303.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor RESTORE AMERICA MEDIA			Nature of Debt (Purpose): PRODUCTION COST: TV AD - UNPAID PORTION OF IE [SE4467]
Mailing Address 1626 BELLE VIEW BLVD STE 7045			
City ALEXANDRIA	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5075	
Amount Incurred This Period 20594.17	Payment This Period 0.00	Outstanding Balance at Close of This Period 20594.17

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	39897.71
2) TOTALS This Period (last page this line number only)..... ▶	39897.71
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	39897.71

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee COMMON SENSE MEDIA LLC
Mailing Address 5302 COLEWAY DR
City HOLLY SPRINGS State NC Zip Code 27540
Purpose of Expenditure PLACED MEDIA: RADIO AD
Category/Type
Date of Public Distribution/Dissemination 04 / 24 / 2023
Amount 937.50
Transaction ID : SE.4435
Date of Disbursement or Obligation 04 / 24 / 2023

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee COMMON SENSE MEDIA LLC
Mailing Address 5302 COLEWAY DR
City HOLLY SPRINGS State NC Zip Code 27540
Purpose of Expenditure PLACED MEDIA: RADIO AD
Category/Type
Date of Public Distribution/Dissemination 04 / 24 / 2023
Amount 187.50
Transaction ID : SE.4446
Date of Disbursement or Obligation 04 / 24 / 2023

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: House Senate State:
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee COMMON SENSE MEDIA LLC
Mailing Address 5302 COLEWAY DR
City HOLLY SPRINGS State NC Zip Code 27540
Purpose of Expenditure PLACED MEDIA: RADIO AD
Name of Federal Candidate: TRUMP, DONALD J., , Support
Disbursement For: Primary
Amount 375.00
Transaction ID: SE.4447

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Name of Federal Candidate: DESANTIS, RON, DION, , Oppose
Disbursement For: Primary
Amount 228369.91
Transaction ID: SE.4501

(a) SUBTOTAL of Itemized Independent Expenditures 228744.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 06/01/2023
Amount 432641.64
Transaction ID SE.4503
Date of Disbursement or Obligation 05/30/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 10450316.57

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 06/01/2023
Amount 75876.03
Transaction ID SE.4518
Date of Disbursement or Obligation 05/30/2023

Name of Federal Candidate: TRUMP, DONALD J.,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 2127077.94

(a) SUBTOTAL of Itemized Independent Expenditures 508517.67
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES,
Signature

[Electronically Filed]

Date 07/31/2023

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Name of Federal Candidate: TRUMP, DONALD J., , Support
Date of Public Distribution/Dissemination 06/01/2023
Amount 143745.41
Transaction ID : SE.4519
Date of Disbursement or Obligation 05/30/2023
Calendar Year-To-Date Per Election for Office Sought 10594061.98
Disbursement For: Primary

Full Name of Payee EVENT STRATEGIES, INC.
Mailing Address 510 KING STREET STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure MOBILE OUTDOOR ADVERTISING
Name of Federal Candidate: DESANTIS, RON, DION, , Oppose
Date of Public Distribution/Dissemination 05/24/2023
Amount 750.00
Transaction ID : SE.4495
Date of Disbursement or Obligation 05/24/2023
Calendar Year-To-Date Per Election for Office Sought 750.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 144495.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type

Date of Public Distribution/Dissemination 04 / 12 / 2023
Amount 8000.00
Transaction ID : SE.4421
Date of Disbursement or Obligation 04 / 12 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose

Office Sought: President House Senate
District: State:

Calendar Year-To-Date Per Election for Office Sought 4522730.00

Disbursement For: Primary General
Other (specify)

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Category/Type

Date of Public Distribution/Dissemination 04 / 18 / 2023
Amount 77398.00
Transaction ID : SE.4427
Date of Disbursement or Obligation 04 / 18 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose

Office Sought: President House Senate
District: State:

Calendar Year-To-Date Per Election for Office Sought 4611547.42

Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 85398.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , [Electronically Filed] Date 07 / 31 / 2023
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: DESANTIS, RON, DION,
Calendar Year-To-Date Per Election for Office Sought 2601195.54
Disbursement For: Primary

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Name of Federal Candidate: DESANTIS, RON, DION,
Calendar Year-To-Date Per Election for Office Sought 807416.00
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 77398.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Date of Public Distribution/Dissemination 05/19/2023
Amount 49982.00
Transaction ID : SE.4479
Date of Disbursement or Obligation 05/23/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 9995734.93

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Date of Public Distribution/Dissemination 05/19/2023
Amount 27416.00
Transaction ID : SE.4480
Date of Disbursement or Obligation 05/23/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1822832.00

(a) SUBTOTAL of Itemized Independent Expenditures 77398.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PRODUCTION COST: DIGITAL ADS
Category/Type

Date of Public Distribution/Dissemination 05 / 24 / 2023
Amount 11940.00
Transaction ID : SE.4487
Date of Disbursement or Obligation 05 / 23 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: IA

Disbursement For: Primary
2024

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure DIGITAL ADVERTISING
Category/Type

Date of Public Distribution/Dissemination 05 / 24 / 2023
Amount 10000.00
Transaction ID : SE.4488
Date of Disbursement or Obligation 05 / 23 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: IA

Disbursement For: Primary
2024

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 21940.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , Signature [Electronically Filed] Date 07 / 31 / 2023

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 03 / 31 / 2023
Amount 1499910.00
Transaction ID : SE.4409
Date of Disbursement or Obligation 03 / 29 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1499910.00

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 04 / 07 / 2023
Amount 1499910.00
Transaction ID : SE.4414
Date of Disbursement or Obligation 04 / 05 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3014820.00

(a) SUBTOTAL of Itemized Independent Expenditures 2999820.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 04/14/2023
Amount 1499910.00
Transaction ID : SE.4418
Date of Disbursement or Obligation 04/11/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 4514730.00

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 04/21/2023
Amount 1499910.00
Transaction ID : SE.4430
Date of Disbursement or Obligation 04/19/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 6111457.42

(a) SUBTOTAL of Itemized Independent Expenditures 2999820.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 04 / 28 / 2023
Amount 1499910.00
Transaction ID : SE.4440
Date of Disbursement or Obligation 04 / 27 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1519213.54

Office Sought: President
Disbursement For: Primary
2024

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 05 / 02 / 2023
Amount 1032000.00
Transaction ID : SE.4452
Date of Disbursement or Obligation 04 / 28 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2551213.54

Office Sought: President
Disbursement For: Primary
2024

(a) SUBTOTAL of Itemized Independent Expenditures 2531910.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , [Electronically Filed] Date 07 / 31 / 2023
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 05 / 02 / 2023
Amount 780000.00
Transaction ID : SE.4453
Date of Disbursement or Obligation 04 / 28 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: NH

Disbursement For: Primary
2024

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 05 / 05 / 2023
Amount 1499910.00
Transaction ID : SE.4462
Date of Disbursement or Obligation 05 / 05 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: IA

Disbursement For: Primary
2024

(a) SUBTOTAL of Itemized Independent Expenditures 2279910.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, , [Electronically Filed] Date 07 / 31 / 2023
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 05/12/2023
Amount 1499910.00
Transaction ID: SE.4465
Date of Disbursement or Obligation 05/10/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 5601015.54

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 05/19/2023
Amount 565500.00
Transaction ID: SE.4471
Date of Disbursement or Obligation 05/17/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1372916.00

(a) SUBTOTAL of Itemized Independent Expenditures 2065410.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED Memo Item

Date of Public Distribution/Dissemination 05 / 19 / 2023

Mailing Address 915 KING ST 2ND FLOOR

Amount 748200.00

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SE.4472

Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Disbursement or Obligation 05 / 17 / 2023

Name of Federal Candidate: DESANTIS, RON, DION, Support Oppose

Office Sought: House Senate State: IA President

Calendar Year-To-Date Per Election for Office Sought 6386932.93

Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED Memo Item

Date of Public Distribution/Dissemination 05 / 19 / 2023

Mailing Address 915 KING ST 2ND FLOOR

Amount 1499910.00

City ALEXANDRIA State VA Zip Code 22314

Transaction ID : SE.4473

Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Disbursement or Obligation 05 / 17 / 2023

Name of Federal Candidate: DESANTIS, RON, DION, Support Oppose

Office Sought: House Senate State: IA President

Calendar Year-To-Date Per Election for Office Sought 7886842.93

Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2248110.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 05/26/2023
Amount 1499910.00
Transaction ID : SE.4484
Date of Disbursement or Obligation 05/22/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: IA

Disbursement For: Primary
2024

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV Category/Type

Date of Public Distribution/Dissemination 05/26/2023
Amount 559000.00
Transaction ID : SE.4485
Date of Disbursement or Obligation 05/22/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
State: IA

Disbursement For: Primary
2024

(a) SUBTOTAL of Itemized Independent Expenditures 2058910.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, , [Electronically Filed] Date 07/31/2023
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 05/26/2023
Amount 422500.00
Transaction ID : SE.4486
Date of Disbursement or Obligation 05/22/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1795416.00

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 06/02/2023
Amount 1499910.00
Transaction ID : SE.4505
Date of Disbursement or Obligation 05/31/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 12093971.98

(a) SUBTOTAL of Itemized Independent Expenditures 1922410.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.	FEC IDENTIFICATION NUMBER ▼ C C00825851
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item MULTI MEDIA SERVICES, INCORPORATED		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 915 KING ST 2ND FLOOR		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item MULTI MEDIA SERVICES, INCORPORATED		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 915 KING ST 2ND FLOOR		Amount <input type="text"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: DESANTIS, RON, DION, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 06 / 10 / 2023
Amount 620233.06
Transaction ID : SE.4528
Date of Disbursement or Obligation 06 / 06 / 2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 620233.06

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 06 / 16 / 2023
Amount 749955.00
Transaction ID : SE.4545
Date of Disbursement or Obligation 06 / 13 / 2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1376464.26

(a) SUBTOTAL of Itemized Independent Expenditures 1370188.06
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MULTI MEDIA SERVICES, INCORPORATED
Mailing Address 915 KING ST 2ND FLOOR
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 13738440.17
Disbursement For: Primary 2024

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: DESANTIS, RON, DION, , Oppose
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 19303.54
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 749955.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5072

These expenditures were broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to Iowa, the state with the next upcoming presidential primary (or caucus).

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 03 / 31 / 2023
Amount 15000.00
Transaction ID : SE.4411
Date of Disbursement or Obligation 03 / 31 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 1514910.00

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 04 / 15 / 2023
Amount 11419.42
Transaction ID : SE.4423
Date of Disbursement or Obligation 04 / 13 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 4534149.42

(a) SUBTOTAL of Itemized Independent Expenditures 26419.42
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD (ACTUAL COST) [SE4468]
Category/Type
Date of Public Distribution/Dissemination 05 / 12 / 2023
Amount 37717.39
Transaction ID : SE.4467
Date of Disbursement or Obligation 05 / 12 / 2023

Name of Federal Candidate: DESANTIS, RON, DION, ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 5638732.93

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 06 / 09 / 2023
Amount 3716.70
Transaction ID : SE.4529
Date of Disbursement or Obligation 06 / 06 / 2023

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 12977365.62

(a) SUBTOTAL of Itemized Independent Expenditures 41434.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date

07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 06/09/2023
Amount 3716.70
Transaction ID : SE.4530
Date of Disbursement or Obligation 06/06/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 12981082.32

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 06/10/2023
Amount 6276.20
Transaction ID : SE.4531
Date of Disbursement or Obligation 06/09/2023

Name of Federal Candidate: TRUMP, DONALD J.,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 12987358.52

(a) SUBTOTAL of Itemized Independent Expenditures 9992.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, ,

[Electronically Filed]

Date 07/31/2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Calendar Year-To-Date Per Election for Office Sought 626509.26
Disbursement For: Primary

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , ,
Calendar Year-To-Date Per Election for Office Sought 12987921.84
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 6839.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, ,

[Electronically Filed]

Date 07 / 31 / 2023

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Category/Type
Date of Public Distribution/Dissemination 06 / 09 / 2023
Amount 563.33
Transaction ID : SE.4534
Date of Disbursement or Obligation 06 / 09 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 12988485.17

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 563.33, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 23336386.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , [Electronically Filed] Date 07 / 31 / 2023
Signature