

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MAGA INC.**

ADDRESS (number and street) **C/O BULLDOG COMPLIANCE**  
**100 CUMMINGS CENTER STE 306-P**  
 Check if different than previously reported. (ACC) **BEVERLY MA 01915**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00892471** 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  /  /  2026 through  /  /  2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **GANTT, CHARLES, , ,**

Signature of Treasurer **GANTT, CHARLES, , ,** Date  /  /  2026

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**MAGA 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="2026"/>	<input type="text" value="304395525.76"/>	<input type="text" value="304395525.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="312285570.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35603485.96"/>	<input type="text" value="43704024.24"/>
(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="347889056.67"/>	<input type="text" value="348099550.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="125759.53"/>	<input type="text" value="336252.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="347763297.14"/>	<input type="text" value="347763297.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MAGA INC.**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	35603485.96	43704024.24
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)).....▶	35603485.96	43704024.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35603485.96	43704024.24

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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) .....	17900.88	17900.88
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	107858.65	318351.98
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)) ..	125759.53	336252.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	125759.53	336252.86

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 21
<input 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 checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**MAGA INC.**

**A. A16Z CAPITAL MANAGEMENT LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2865 SAND HILL RD  
 STE 101  
 City MENLO PARK State CA Zip Code 94025  
 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 ▼ 6000000.00

Date of Receipt 03 / 10 / 2026  
**Transaction ID : SA17.5268**  
 Amount of Each Receipt this Period 6000000.00  
 Memo Item  
 NON-CONTRIBUTION: SEE PARTNERSHIP ATTRIBUTIONS

**B. ANDREESEN, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2865 SAND HILL ROAD, SUITE 101  
 City MENLO PARK State CA Zip Code 94025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 ANDREESEN HOROWITZ GENERAL PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000000.00

Date of Receipt 03 / 10 / 2026  
**Transaction ID : SA17.5265**  
 Amount of Each Receipt this Period 3000000.00  
 Memo Item  
 NON-CONTRIBUTION: PARTNERSHIP ATTRIBUTION: A16Z CAPITAL MANAGEMENT LLC ISA17:52681

**C. BRUNO, JAMES, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8465 GREATBASS LAKE RD  
 City MINOCQUA State WI Zip Code 54548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 23 / 2026  
**Transaction ID : SA17.5255**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 NON-CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6000250.00  
**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 21
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAGA INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. GEO REENTRY SERVICES LLC**

Mailing Address **4955 TECHNOLOGY WAY**

City <b>BOCA RATON</b>	State <b>FL</b>	Zip Code <b>33431</b>
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000000.00**

Date of Receipt  
**03 / 09 / 2026**

**Transaction ID : SA17.5251**

Amount of Each Receipt this Period  
**1000000.00**

Memo Item

**NON-CONTRIBUTION: TAXED AS A CORPORATION**

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

Mailing Address **PO BOX 65**

City <b>AFTON</b>	State <b>WI</b>	Zip Code <b>53501</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>HENDRICKS HOLDING CO INC.</b>	Occupation (for Individual) <b>CHAIRMAN</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000000.00**

Date of Receipt  
**03 / 16 / 2026**

**Transaction ID : SA17.5256**

Amount of Each Receipt this Period  
**25000000.00**

Memo Item

**NON-CONTRIBUTION**

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

Mailing Address **2865 SAND HILL ROAD, SUITE 101**

City <b>MENLO PARK</b>	State <b>CA</b>	Zip Code <b>94025</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ANDREESEN HOROWITZ</b>	Occupation (for Individual) <b>GENERAL PARTNER</b>
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**3000000.00**

Date of Receipt  
**03 / 10 / 2026**

**Transaction ID : SA17.5266**

Amount of Each Receipt this Period  
**3000000.00**

Memo Item

**NON-CONTRIBUTION: PARTNERSHIP  
ATTRIBUTION: A16Z CAPITAL MANAGEMENT LLC  
ISA17-52681**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>26000000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAGA INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. JP MORGAN CHASE BANK, N.A.**

Mailing Address **270 PARK AVENUE**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10017</b>
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1703624.24**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : SA17.5252**

Amount of Each Receipt this Period  
**603210.96**

Memo Item  
**NON-CONTRIBUTION: INTEREST**

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

Mailing Address **640 MAGAZINE ST**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70130</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>CARBO CHLORINATION LLC</b>	Occupation (for Individual) <b>CEO</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500000.00**

Date of Receipt  
**03 / 02 / 2026**

**Transaction ID : SA17.5262**

Amount of Each Receipt this Period  
**500000.00**

Memo Item  
**NON-CONTRIBUTION: REATTRIBUTION FROM SPOUSE**

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

Mailing Address **640 MAGAZINE ST**

City <b>NEW ORLEANS</b>	State <b>LA</b>	Zip Code <b>70130</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WM B REILY &amp; CO. INC.</b>	Occupation (for Individual) <b>CEO</b>
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**1000000.00**

Date of Receipt  
**03 / 02 / 2026**

**Transaction ID : SA17.5260**

Amount of Each Receipt this Period  
**1000000.00**

Memo Item  
**NON-CONTRIBUTION: SEE REATTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1603210.96</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAGA INC.**

**A. REILY, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 MAGAZINE ST  
 City NEW ORLEANS State LA Zip Code 70130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WM B REILY & CO. INC. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500000.00

Date of Receipt 03 / 02 / 2026  
**Transaction ID : SA17.5263**  
 Amount of Each Receipt this Period - 500000.00  
 Memo Item  
 NON-CONTRIBUTION: REATTRIBUTION TO SPOUSE

**B. YOCHA DEHE WINTUN NATION**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 18  
 City BROOKS State CA Zip Code 95606  
 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 ▼ 2000000.00

Date of Receipt 03 / 05 / 2026  
**Transaction ID : SA17.5254**  
 Amount of Each Receipt this Period 2000000.00  
 Memo Item  
 NON-CONTRIBUTION

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000000.00
<b>TOTAL</b> This Period (last page this line number only).....	35603460.96

# 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)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026
Mailing Address 200 VESEY ST BATTERY PARK CITY		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5296</b> Amount of Each Disbursement this Period 9105.38
City NEW YORK CITY	State NY	
Zip Code 10285		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES		
Candidate Name		Category/Type <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>B. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2026
Mailing Address 100 CUMMINGS CENTER STE 306-P		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5272</b> Amount of Each Disbursement this Period 10000.00
City BEVERLY	State MA	
Zip Code 01915		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: COMPLIANCE CONSULTING		
Candidate Name		Category/Type <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>C. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5273</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE		
Candidate Name		Category/Type <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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	19130.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2026
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5274</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement NON-CONTRIBUTION: BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5275</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement NON-CONTRIBUTION: BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number <b>C</b> Transaction ID : <b>SB29.5276</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement NON-CONTRIBUTION: BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2026	
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB29.5277</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [ ] 25.00
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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>B. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2026	
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB29.5278</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [ ] 25.00
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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>C. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2026	
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C [ ] <b>Transaction ID : SB29.5279</b>	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period [ ] 25.00
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

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

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)

**MAGA INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
NON-CONTRIBUTION: BANK FEE

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	Y
0	3			3	0			2	0	2	6		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB29.5280**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445A LAUGHLIN AVE

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
NON-CONTRIBUTION: BANK FEE

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	Y
0	3			3	0			2	0	2	6		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB29.5281**

Amount of Each Disbursement this Period

[REDACTED] 41.67

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHICO FLORIST**

Mailing Address 1600 MANGROVE AVE STE 145

City  
CHICO

State  
CA

Zip Code  
95926

Purpose of Disbursement  
NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: CONDOLENCE

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	Y
0	1			1	4			2	0	2	6		

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB29.5308**

Amount of Each Disbursement this Period

[REDACTED] 265.38

Memo Item

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

[REDACTED] 66.67

**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 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)  
**MAGA INC.**

**A. FIRST STREET PLLC**

Full Name (Last, First, Middle Initial)

Mailing Address 625 N. WASHINGTON STREET  
STE 325

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 30 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5282

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS ROAD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
NON-CONTRIBUTION: FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5283

Amount of Each Disbursement this Period: 10000.00

Memo Item

**C. HAMPTON INN**

Full Name (Last, First, Middle Initial)

Mailing Address 1601 WORTHINGTON RD

City WEST PALM BEACH State FL Zip Code 33409-6480

Purpose of Disbursement  
NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: TRAVEL:

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 28 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5299

Amount of Each Disbursement this Period: 671.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20000.00

**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 type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. HERTZ CAR RENTAL</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2026
Mailing Address 5601 NORTHWEST EXPRESSWAY		FEC Identification Number C [ ] <b>Transaction ID : SB29.5306</b>
City OKLAHOMA CITY	State OK	Zip Code 73132
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: TRAVEL:		Amount of Each Disbursement this Period [ ] 6537.37
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILL'S FLOWERS</b>		Date of Disbursement MM / DD / YYYY 01 / 21 / 2026
Mailing Address 266 RACE ST		FEC Identification Number C [ ] <b>Transaction ID : SB29.5305</b>
City SAN JOSE	State CA	Zip Code 95126
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: CONDOLENCE		Amount of Each Disbursement this Period [ ] 332.98
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON GARDEN INN</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2026
Mailing Address 1611 WORTHINGTON RD		FEC Identification Number C [ ] <b>Transaction ID : SB29.5301</b>
City WEST PALM BEACH	State FL	Zip Code 33409-6480
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: TRAVEL:		Amount of Each Disbursement this Period [ ] 855.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. MAR-A-LAGO CLUB, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 1100 S OCEAN BLVD		FEC Identification Number C <b>Transaction ID : SB29.5285</b> Amount of Each Disbursement this Period 5184.88
City PALM BEACH	State FL	
Zip Code 33480		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND		
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>B. MAR-A-LAGO CLUB, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2026
Mailing Address 1100 S OCEAN BLVD		FEC Identification Number C <b>Transaction ID : SB29.5286</b> Amount of Each Disbursement this Period 7188.75
City PALM BEACH	State FL	
Zip Code 33480		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND		
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>C. MAR-A-LAGO CLUB, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2026
Mailing Address 1100 S OCEAN BLVD		FEC Identification Number C <b>Transaction ID : SB29.5284</b> Amount of Each Disbursement this Period 4927.97
City PALM BEACH	State FL	
Zip Code 33480		Memo Item <input type="checkbox"/>
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17301.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**MAGA INC.**

**A. MCCUBBIN, J., AUSTIN, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3535 S BALL ST  
APT 406

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 13 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5269

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. MCCUBBIN, J., AUSTIN, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3535 S BALL ST  
APT 406

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5270

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. MICHAEL HOPKINS PHOTOGRAPHY**

Full Name (Last, First, Middle Initial)

Mailing Address 783 SW 119TH WAY

City DAVIE State FL Zip Code 33325

Purpose of Disbursement  
NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 10 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5287

Amount of Each Disbursement this Period: 1855.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11855.00

**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 type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAGA INC.**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL HOPKINS PHOTOGRAPHY</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2026
Mailing Address 783 SW 119TH WAY		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5309</b>
City DAVIE	State FL	Zip Code 33325
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES		Amount of Each Disbursement this Period [REDACTED] 1855.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PERCIPIENT STRATEGIES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 25 / 2026
Mailing Address 80 M STREET, SE FLR 1		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5288</b>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement NON-CONTRIBUTION: RESEARCH CONSULTING		Amount of Each Disbursement this Period [REDACTED] 7500.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PFEIFFER PUBLIC AFFAIRS</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2026
Mailing Address 8 THE GREEN SUITE #11328		FEC Identification Number C [REDACTED] <b>Transaction ID : SB29.5290</b>
City DOVER	State DE	Zip Code 19901
Purpose of Disbursement NON-CONTRIBUTION: COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period [REDACTED] 7500.00
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 16855.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
**MAGA INC.**

Full Name (Last, First, Middle Initial)

**A. PFEIFFER PUBLIC AFFAIRS**

Mailing Address 8 THE GREEN  
SUITE #11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
NON-CONTRIBUTION: COMMUNICATIONS 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
0	3		3	0		2	0	2	6

FEC Identification Number

C [ ]

Transaction ID : SB29.5291

Amount of Each Disbursement this Period

[ ] 7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED STATE PARTNERS**

Mailing Address 1406 COLLEEN LANE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
NON-CONTRIBUTION: POLLING EXPENSE

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	5		2	0	2	6

FEC Identification Number

C [ ]

Transaction ID : SB29.5293

Amount of Each Disbursement this Period

[ ] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROSE OF SHARON FLORAL DESIGN STUDIO**

Mailing Address 1726 ELM SPGS RD

City SPRINGDALE State AR Zip Code 72762

Purpose of Disbursement  
NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5296]: CONDOLENCE

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		2	3		2	0	2	6

FEC Identification Number

C [ ]

Transaction ID : SB29.5303

Amount of Each Disbursement this Period

[ ] 443.65

Memo Item

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

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

[ ] 12500.00

[ ]

# 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)  
**MAGA INC.**

**A. VECTORGOP LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 30 N GOULD ST  
STE R

City SHERIDAN State WY Zip Code 82801

Purpose of Disbursement  
NON CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 10 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5294

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. VECTORGOP LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 30 N GOULD ST  
STE R

City SHERIDAN State WY Zip Code 82801

Purpose of Disbursement  
NON CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2026

FEC Identification Number: C  
Transaction ID : SB29.5295

Amount of Each Disbursement this Period: 5000.00

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: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

**TOTAL** This Period (last page this line number only)..... ▶ 107858.65

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
MAGA INC.
FEC IDENTIFICATION NUMBER
C C00892471

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, TAMPA, FL 33606
Purpose of Expenditure: TEXT MESSAGES
Date of Public Distribution/Dissemination: 03/09/2026
Amount: 8950.44
Transaction ID: SE.5214
Date of Disbursement or Obligation: 03/09/2026
Name of Federal Candidate: FULLER, CLAY, , , Support
Office Sought: House, District: 14, State: GA
Disbursement For: Other (specify) Special-General

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP, LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: TEXT MESSAGES
Date of Public Distribution/Dissemination: 03/10/2026
Amount: 8950.44
Transaction ID: SE.5217
Date of Disbursement or Obligation: 03/09/2026
Name of Federal Candidate: FULLER, CLAY, , , Support
Office Sought: House, District: 14, State: GA
Disbursement For: Other (specify) Special-General

(a) SUBTOTAL of Itemized Independent Expenditures 17900.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 17900.88

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

Date 04/20/2026