

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

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

ULTRA MAGA PAC

ADDRESS (number and street) PO Box 26141

Check if different than previously reported. (ACC)
 Alexandria
VA
22313-6141

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00763227

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)
- Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)
- Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

07 / 01 / 2023 through 12 / 31 / 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 MARSTON, CHRIS, ,

Signature of Treasurer MARSTON, CHRIS, , Date MM / DD / YYYYYY

01 / 31 / 2024

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

Office Use Only									
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ULTRA MAGA PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2023 (1654.84); (b) Cash on Hand at Beginning of Reporting Period (41029.61); (c) Total Receipts (from Line 19) (895360.08 / 1282485.72); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (936389.69 / 1284140.56); 7. Total Disbursements (from Line 31) (875525.85 / 1223276.72); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (60863.84 / 60863.84); 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) (0.00); 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) (0.00).

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ULTRA MAGA PAC

Report Covering the Period: From: / / 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).....	225586.09	299237.09
(ii) Unitemized	666265.19	977546.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	891851.28	1276783.23
(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)	891851.28	1276783.23
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).....	3508.80	5702.49
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)).....▶	895360.08	1282485.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	895360.08	1282485.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	860397.85	1206545.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	860397.85	1206545.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4128.00	5731.18
(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)).....	4128.00	5731.18
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	875525.85	1223276.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	875525.85	1223276.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	891851.28	1276783.23
34. Total Contribution Refunds (from Line 28(d))	4128.00	5731.18
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	887723.28	1271052.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	860397.85	1206545.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3508.80	5702.49
38. Net Operating Expenditures (subtract Line 37 from Line 36)	856889.05	1200843.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 639
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ABERCROMBIE, CINDY, K, MS,

Mailing Address 430 HOLLIS CIR

City DALLAS	State GA	Zip Code 30157-2578
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.44349

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ABERCROMBIE, CINDY, K, MS,

Mailing Address 430 HOLLIS CIR

City DALLAS	State GA	Zip Code 30157-2578
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023

Transaction ID : SA11A.48568

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ADAMS, DRUEY, J, MR,

Mailing Address 2839 HIGHWAY 230 W

City NUNNELLY	State TN	Zip Code 37137-2739
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FLA OHSMV-FHP	Occupation (for Individual) RETIRED CAPTAIN FLA HWY PATROL
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023

Transaction ID : SA11A.58096

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ADAMS, DRUEY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 HIGHWAY 230 W
 City NUNNELLY State TN Zip Code 37137-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLA OHSMV-FHP Occupation (for Individual) RETIRED CAPTAIN FLA HWY PATRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA11A.61814
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. ADAMS, DRUEY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 HIGHWAY 230 W
 City NUNNELLY State TN Zip Code 37137-2739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLA OHSMV-FHP Occupation (for Individual) RETIRED CAPTAIN FLA HWY PATRO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61815
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. ADAMS, ROBERT, M, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 IRIQUOIS DR
 City CANADIAN State OK Zip Code 74425-5068
 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 ▼ 2150.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.46442
 Amount of Each Receipt this Period 600.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
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 8 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 142 IRIQUOIS DR

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2150.00

Date of Receipt
 09 / 29 / 2023
Transaction ID : SA11A.53532

Amount of Each Receipt this Period
900.00

Memo Item
CONTRIBUTION

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

Mailing Address 142 IRIQUOIS DR

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2150.00

Date of Receipt
 10 / 11 / 2023
Transaction ID : SA11A.57485

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ALBIN, ARLEN, L, MR,

Mailing Address 5701 W SAGEMOOR RD

City PASCO	State WA	Zip Code 99301-8738
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
697.00

Date of Receipt
 08 / 10 / 2023
Transaction ID : SA11A.47031

Amount of Each Receipt this Period
297.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1497.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ALBIN, ARLEN, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5701 W SAGEMOOR RD
 City PASCO State WA Zip Code 99301-8738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 697.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.50612
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. AMATORE, SEBASTIAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PONDEROSA LN
 City NEWINGTON State CT Zip Code 06111-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45738
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. AMATORE, SEBASTIAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PONDEROSA LN
 City NEWINGTON State CT Zip Code 06111-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.52908
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 10 OF 639
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERINE, L, DEANNE, MRS,

Mailing Address 110 ARROWWOOD ST

City LAKE JACKSON	State TX	Zip Code 77566-4304
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2023

Transaction ID : SA11A.57446

Amount of Each Receipt this Period
234.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ANANIGHIAN, ARTIN, , MR,

Mailing Address 350 N MARTEL AVE

City LOS ANGELES	State CA	Zip Code 90036-2516
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2023

Transaction ID : SA11A.45399

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 350 N MARTEL AVE

City LOS ANGELES	State CA	Zip Code 90036-2516
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2023

Transaction ID : SA11A.49513

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	334.00
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 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ANANIGHIAN, ARTIN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MARTEL AVE
 City LOS ANGELES State CA Zip Code 90036-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 21 / 2023
Transaction ID : SA11A.49514
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

B. ANANIGHIAN, ARTIN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MARTEL AVE
 City LOS ANGELES State CA Zip Code 90036-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.56412
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. ANANIGHIAN, ARTIN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MARTEL AVE
 City LOS ANGELES State CA Zip Code 90036-2516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.56413
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDERSON, DUANE, , MISS,

Mailing Address 967 RIVERSTONE LN

City SPRINGFIELD	State OR	Zip Code 97477-3159
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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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023

Transaction ID : SA11A.54910

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANDERSON, DUANE, , MISS,

Mailing Address 967 RIVERSTONE LN

City SPRINGFIELD	State OR	Zip Code 97477-3159
---------------------	-------------	------------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2023

Transaction ID : SA11A.62453

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARBELO, JOSE, A, MR,

Mailing Address 52 ROWSLEY ST APT 2

City BRIDGEPORT	State CT	Zip Code 06605-3094
--------------------	-------------	------------------------

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 ▼
582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2023

Transaction ID : SA11A.47544

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	349.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. ARBELO, JOSE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 ROWSLEY ST APT 2
 City BRIDGEPORT State CT Zip Code 06605-3094
 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 ▼ 582.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.50930
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. ARBELO, JOSE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 ROWSLEY ST APT 2
 City BRIDGEPORT State CT Zip Code 06605-3094
 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 ▼ 582.00

Date of Receipt 10 / 19 / 2023
Transaction ID : SA11A.58503
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. ARTHUR, REWANDA, J, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 BEAVERDALE RD
 City CRANDALL State GA Zip Code 30711-5145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.57076
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 14 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ASHLEY, MARGARET, O, MRS,
 Mailing Address 407 LIMESTONE RD
 City ELORA State TN Zip Code 37328-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023
Transaction ID : SA11A.50197
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ASHLEY, MARGARET, O, MRS,
 Mailing Address 407 LIMESTONE RD
 City ELORA State TN Zip Code 37328-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.53466
 Amount of Each Receipt this Period
 75.00
 Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. AYOTTE, JOANN, M, MRS,
 Mailing Address 5256 PARKWAY DR
 City BAY CITY State MI Zip Code 48706-3347
 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 ▼ 329.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023
Transaction ID : SA11A.54560
 Amount of Each Receipt this Period
 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.00
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 15 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45659
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

B. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45660
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

C. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11A.49689
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	148.00
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 16 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.52817
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.56677
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. BABSKIE, ROBERT, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 737 WOODLAND RD
 City SUGAR NOTCH State PA Zip Code 18706-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.56678
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BADER, NYLA, J, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CYGNET PL
 City LONG LAKE State MN Zip Code 55356-9734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.53464
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. BAILEY, JOYCE, S, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 MANNYS CORNERS RD
 City AMSTERDAM State NY Zip Code 12010-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.46915
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

C. BAILEY, JOYCE, S, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 MANNYS CORNERS RD
 City AMSTERDAM State NY Zip Code 12010-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.50542
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	568.00
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 639
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 122 MANNYS CORNERS RD

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

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

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

Aggregate Year-to-Date ▼
204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023

Transaction ID : SA11A.53969

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

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

Mailing Address 122 MANNYS CORNERS RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023

Transaction ID : SA11A.57950

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

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

Mailing Address 122 MANNYS CORNERS RD

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.57951

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	102.00
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 19 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BAILEY, JOYCE, S, MRS,		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 122 MANNYS CORNERS RD		Transaction ID : SA11A.61701
City AMSTERDAM	State NY	Zip Code 12010-7300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BAINBRIDGE, CAROL, A, DR,		Date of Receipt MM / DD / YYYY 07 / 13 / 2023
Mailing Address 63 HEARTHSTONE RD		Transaction ID : SA11A.43247
City BLOOMFIELD	State NJ	Zip Code 07003-4303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BAINBRIDGE, CAROL, A, DR,		Date of Receipt MM / DD / YYYY 08 / 16 / 2023
Mailing Address 63 HEARTHSTONE RD		Transaction ID : SA11A.46999
City BLOOMFIELD	State NJ	Zip Code 07003-4303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 558.00	

SUBTOTAL of Receipts This Page (optional).....	183.00
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 20 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BAIRD, CAROL, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8050 BAYMEADOWS CIR W APT 1107
 City JACKSONVILLE State FL Zip Code 32256-5509
 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 **07 / 13 / 2023**
Transaction ID : SA11A.44605
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

B. BAKER, CORADELLA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8922 COVENANT CT
 City NEWBURGH State IN Zip Code 47630-7801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 30 / 2023**
Transaction ID : SA11A.62520
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. BAKER, PETER, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 RIDGE LN APT 214
 City WALTHAM State MA Zip Code 02452-4982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1490.00

Date of Receipt **08 / 07 / 2023**
Transaction ID : SA11A.47752
 Amount of Each Receipt this Period 990.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1390.00
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 21 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BAKER, RONALD, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3095 COUNTY ROAD 292
 City GONZALES State TX Zip Code 78629-6695
 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 ▼ 237.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53232
 Amount of Each Receipt this Period 30.00
 Memo Item
CONTRIBUTION

B. BAKER, RONALD, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3095 COUNTY ROAD 292
 City GONZALES State TX Zip Code 78629-6695
 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 ▼ 237.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.57144
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. BAKST, JEFFREY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 ADAMS CROSSING STE 11200
 City CINCINNATI State OH Zip Code 45202-1696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.48206
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 22 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BARKER, FLAVIUS, ALLEN, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 55

City DUNLAP State TN Zip Code 37327-0055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 29 / 2023
Transaction ID : SA11A.51955

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. BARKER, FLAVIUS, ALLEN, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 55

City DUNLAP State TN Zip Code 37327-0055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 30 / 2023
Transaction ID : SA11A.59264

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BARKER, FLAVIUS, ALLEN, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 55

City DUNLAP State TN Zip Code 37327-0055

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
11 / 10 / 2023
Transaction ID : SA11A.62677

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 23 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARNHART, NANCY, L, MS,

Mailing Address 7370 WALSH RD

City MILLINGTON	State TN	Zip Code 38053-6020
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.42355

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARNHART, NANCY, L, MS,

Mailing Address 7370 WALSH RD

City MILLINGTON	State TN	Zip Code 38053-6020
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.49771

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARNHART, NANCY, L, MS,

Mailing Address 7370 WALSH RD

City MILLINGTON	State TN	Zip Code 38053-6020
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2023

Transaction ID : SA11A.49772

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARON, WILLIAM, T, MR, JR

Mailing Address 150 HIGH HILL FARM CT

City SAINT MATTHEWS	State SC	Zip Code 29135-8806
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023

Transaction ID : SA11A.43133

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARON, WILLIAM, T, MR, JR

Mailing Address 150 HIGH HILL FARM CT

City SAINT MATTHEWS	State SC	Zip Code 29135-8806
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2023

Transaction ID : SA11A.53918

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BARON, WILLIAM, T, MR, JR

Mailing Address 150 HIGH HILL FARM CT

City SAINT MATTHEWS	State SC	Zip Code 29135-8806
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2023

Transaction ID : SA11A.57891

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BARTEK, LOWELL, E, MR,
 Mailing Address 1910 ARBOR ST
 City BEATRICE State NE Zip Code 68310-2630
 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 ▼ 260.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43122
 Amount of Each Receipt this Period 46.00
 Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BARTEK, LOWELL, E, MR,
 Mailing Address 1910 ARBOR ST
 City BEATRICE State NE Zip Code 68310-2630
 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 ▼ 260.00

Date of Receipt 09 / 21 / 2023
Transaction ID : SA11A.53903
 Amount of Each Receipt this Period 46.00
 Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BASSLER, ALFRED, S, MR, TTEE
 Mailing Address 16480 FREDERICK RD
 City WOODBINE State MD Zip Code 21797-8516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.43328
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 142.00
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 26 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BASSLER, ALFRED, S, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16480 FREDERICK RD
 City WOODBINE State MD Zip Code 21797-8516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **12 / 20 / 2023**
Transaction ID : SA11A.50674
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. BASSLER, ALFRED, S, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16480 FREDERICK RD
 City WOODBINE State MD Zip Code 21797-8516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **09 / 27 / 2023**
Transaction ID : SA11A.54150
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. BASSLER, ALFRED, S, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16480 FREDERICK RD
 City WOODBINE State MD Zip Code 21797-8516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt **10 / 11 / 2023**
Transaction ID : SA11A.58125
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BEETZ, JAMES, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 RICHARDSON RD

City AMBOY	State IL	Zip Code 61310-9416
---------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2023

Transaction ID : SA11A.46707

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. BEETZ, JAMES, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 RICHARDSON RD

City AMBOY	State IL	Zip Code 61310-9416
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2023

Transaction ID : SA11A.53774

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BENOIT, GEORGE, E, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 PELICAN LN

City FLAGLER BEACH	State FL	Zip Code 32136-2739
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2023

Transaction ID : SA11A.52688

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43456
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.43457
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.50784
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2023
Transaction ID : SA11A.54296
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023
Transaction ID : SA11A.58282
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. BERG, BARNEY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 MOSES LAKE AVE NW
 City SOAP LAKE State WA Zip Code 98851-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023
Transaction ID : SA11A.61953
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 30 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BERG, SHIRLEY, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 BRIGADOON BLVD
 City SEQUIM State WA Zip Code 98382-8134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023
Transaction ID : SA11A.44471
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. BERRY, JANE, C, DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2902 E ELM CIR
 City KATY State TX Zip Code 77493-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2023
Transaction ID : SA11A.47070
 Amount of Each Receipt this Period
 175.56
 Memo Item
 CONTRIBUTION

C. BERRY, MARY, ANN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4030 TIMBER LN
 City ORLANDO State FL Zip Code 32804-2236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023
Transaction ID : SA11A.44762
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	525.56
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 31 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BETTAG, JERRY, L, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4N557 CRANE LN
 City SAINT CHARLES State IL Zip Code 60175-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.56663
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. BETTAG, JERRY, L, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4N557 CRANE LN
 City SAINT CHARLES State IL Zip Code 60175-4762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.60461
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. BIEBER, ALBERT, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 207
 City CHINA State TX Zip Code 77613-0207
 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 ▼ 650.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.50458
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BIRKETT, BARBARA, ANN, MRS,			Date of Receipt
Mailing Address 36 WINCANTON DR			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2023"/>
City FAIRPORT	State NY	Zip Code 14450-3847	Transaction ID : SA11A.45350
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BIRKETT, BARBARA, ANN, MRS,			Date of Receipt
Mailing Address 36 WINCANTON DR			<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2023"/>
City FAIRPORT	State NY	Zip Code 14450-3847	Transaction ID : SA11A.52579
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BIRKETT, BARBARA, ANN, MRS,			Date of Receipt
Mailing Address 36 WINCANTON DR			<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City FAIRPORT	State NY	Zip Code 14450-3847	Transaction ID : SA11A.60268
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIRTALAN, DAVID, C, MR,

Mailing Address 920 GENTLE WIND DR

City KELLER	State TX	Zip Code 76248-3826
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023

Transaction ID : SA11A.44524

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIRTALAN, DAVID, C, MR,

Mailing Address 920 GENTLE WIND DR

City KELLER	State TX	Zip Code 76248-3826
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2023

Transaction ID : SA11A.48781

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 920 GENTLE WIND DR

City KELLER	State TX	Zip Code 76248-3826
----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.51266

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BIRTALAN, DAVID, C, MR,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2023
Mailing Address 920 GENTLE WIND DR			Transaction ID : SA11A.51267
City KELLER	State TX	Zip Code 76248-3826	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 755.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BIRTALAN, DAVID, C, MR,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2023
Mailing Address 920 GENTLE WIND DR			Transaction ID : SA11A.55555
City KELLER	State TX	Zip Code 76248-3826	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 755.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BIRTALAN, DAVID, C, MR,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2023
Mailing Address 920 GENTLE WIND DR			Transaction ID : SA11A.59752
City KELLER	State TX	Zip Code 76248-3826	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 755.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 755.00

Date of Receipt 11 / 03 / 2023
Transaction ID : SA11A.63036
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. BISSELL, MARJORIE, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 WINTERHAVEN LN
 City BROWNSVILLE State TX Zip Code 78526-9524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 12 / 27 / 2023
Transaction ID : SA11A.51682
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. BLACK, DENISE, LYNN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16608 JANAN DR
 City TYLER State TX Zip Code 75707-7630
 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 ▼ 500.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.54231
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 36 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BLACK, DENISE, LYNN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16608 JANAN DR
 City TYLER State TX Zip Code 75707-7630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023
Transaction ID : SA11A.61907
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. BLACK, SAMUEL, P, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 286 NIAGARA POINT DR
 City ERIE State PA Zip Code 16507-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023
Transaction ID : SA11A.43808
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. BODEY, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 N MAIN ST
 City LATAH State WA Zip Code 99018-9522
 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 ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023
Transaction ID : SA11A.53500
 Amount of Each Receipt this Period 68.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	368.00
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 37 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BODEY, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 N MAIN ST
 City LATAH State WA Zip Code 99018-9522
 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 ▼ 204.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.53501
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

B. BODEY, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421 N MAIN ST
 City LATAH State WA Zip Code 99018-9522
 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 ▼ 204.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA11A.61340
 Amount of Each Receipt this Period 68.00
 Memo Item
CONTRIBUTION

C. BOLLINGER, HOWARD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1047 PRESTWOOD DR SE
 City LENOIR State NC Zip Code 28645-5944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43306
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 352.00
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 38 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BOLLINGER, HOWARD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1047 PRESTWOOD DR SE
 City LENOIR State NC Zip Code 28645-5944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 28 / 2023
Transaction ID : SA11A.50657
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43549
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.47442
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 39 OF 639
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BONANZINGA, ANTHONY, J, MR,

Mailing Address 94 ALANBY DR

City MERIDEN	State CT	Zip Code 06451-2724
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
790.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2023

Transaction ID : SA11A.47443

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BONANZINGA, ANTHONY, J, MR,

Mailing Address 94 ALANBY DR

City MERIDEN	State CT	Zip Code 06451-2724
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
790.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2023

Transaction ID : SA11A.50854

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BONANZINGA, ANTHONY, J, MR,

Mailing Address 94 ALANBY DR

City MERIDEN	State CT	Zip Code 06451-2724
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
790.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2023

Transaction ID : SA11A.54402

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.58404
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.58405
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.62036
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 41 OF 639
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BORGSTROM, ANNIKA, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 BATES CT

City WILLIAMSBURG	State VA	Zip Code 23188-6447
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.56999

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. BORRILLO, CAROL, A, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 FRIENDSHIP GDNS

City HOWELL	State NJ	Zip Code 07731-2940
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2023

Transaction ID : SA11A.51699

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BORRILLO, CAROL, A, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 FRIENDSHIP GDNS

City HOWELL	State NJ	Zip Code 07731-2940
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2023

Transaction ID : SA11A.58859

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address PO BOX 148

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.46175

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 148

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.50058

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 148

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023

Transaction ID : SA11A.53311

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 43 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BOUGHAN, THELMA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 148
 City HIGGINS State TX Zip Code 79046-0148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.57222
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. BOWMAN, ANDREW, F, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1054 PINE ST
 City LIVERMORE State CA Zip Code 94551-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 09 / 07 / 2023
Transaction ID : SA11A.52515
 Amount of Each Receipt this Period 44.00
 Memo Item
CONTRIBUTION

C. BOWMAN, ANDREW, F, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1054 PINE ST
 City LIVERMORE State CA Zip Code 94551-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.60210
 Amount of Each Receipt this Period 69.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	213.00
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 44 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BOWMAN, ANDREW, F, MR, SR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1054 PINE ST

City LIVERMORE	State CA	Zip Code 94551-1934
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2023

Transaction ID : SA11A.60211

Amount of Each Receipt this Period
69.00

Memo Item
CONTRIBUTION

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

Mailing Address 159 RIDGE RD

City WETHERSFIELD	State CT	Zip Code 06109-1045
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2023

Transaction ID : SA11A.49353

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BOWMAN, ROBERT, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 RIDGE RD

City WETHERSFIELD	State CT	Zip Code 06109-1045
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2023

Transaction ID : SA11A.56183

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	269.00
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 45 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BOYD, KAYE, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 370.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45022
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. BOYD, KAYE, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 370.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.45023
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. BOYD, KAYE, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 370.00

Date of Receipt 12 / 13 / 2023
Transaction ID : SA11A.49216
 Amount of Each Receipt this Period 60.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 135.00
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 46 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BOYD, KAYE, F, MS,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE State FL Zip Code 33315-3853

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 ▼
370.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2023

Transaction ID : SA11A.49217

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BOYD, KAYE, F, MS,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE State FL Zip Code 33315-3853

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 ▼
370.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11A.52270

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BOYD, KAYE, F, MS,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE State FL Zip Code 33315-3853

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 ▼
370.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2023

Transaction ID : SA11A.52271

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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 47 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BOYLAN, KAREN, T, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MIAMI LAKES DR

City MILFORD	State OH	Zip Code 45150-5809
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2023

Transaction ID : SA11A.42062

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. BOYLAN, KAREN, T, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 MIAMI LAKES DR

City MILFORD	State OH	Zip Code 45150-5809
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2023

Transaction ID : SA11A.45421

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 3260 RIDGECREST LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2023

Transaction ID : SA11A.47131

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	850.00
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 48 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BRAGG, CAROLYN, A, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3260 RIDGECREST LN
 City O FALLON State MO Zip Code 63366-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA11A.50685
 Amount of Each Receipt this Period 400.00
 Memo Item
CONTRIBUTION

B. BRAGG, CAROLYN, A, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3260 RIDGECREST LN
 City O FALLON State MO Zip Code 63366-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.54166
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

C. BRANDEL, JAMES, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5713 JACK RD
 City JACKSONVILLE State FL Zip Code 32277-2429
 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 ▼ 271.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.48230
 Amount of Each Receipt this Period 202.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	902.00
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 49 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BRAUN, MELVIN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 MOORE RD
 City MOORESBURG State TN Zip Code 37811-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.42386
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. BRAUN, MELVIN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 MOORE RD
 City MOORESBURG State TN Zip Code 37811-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.42387
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. BRAUN, MELVIN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 278 MOORE RD
 City MOORESBURG State TN Zip Code 37811-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45844
 Amount of Each Receipt this Period 94.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	188.00
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 50 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BRAUN, MELVIN, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 278 MOORE RD

City MOORESBURG	State TN	Zip Code 37811-2302
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
382.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2023

Transaction ID : SA11A.52997

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. BRAUN, MELVIN, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 278 MOORE RD

City MOORESBURG	State TN	Zip Code 37811-2302
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
382.00

Date of Receipt

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

Transaction ID : SA11A.56885

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 1086

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA11A.48845

Amount of Each Receipt this Period
4000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	4147.00
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 51 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BREKKE, JERRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1086
 City MANDAN State ND Zip Code 58554-7086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) THEATRE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA11A.51311
 Amount of Each Receipt this Period
 1000.00
 Memo Item
CONTRIBUTION

B. BREKKE, JERRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1086
 City MANDAN State ND Zip Code 58554-7086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) THEATRE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : SA11A.59827
 Amount of Each Receipt this Period
 700.00
 Memo Item
CONTRIBUTION

C. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023
Transaction ID : SA11A.42100
 Amount of Each Receipt this Period
 19.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1719.00
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 52 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.45473
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

B. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45474
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

C. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.49563
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	73.00
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 53 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt: 12 / 15 / 2023
Transaction ID : SA11A.49564
 Amount of Each Receipt this Period: 25.00
 Memo Item
 CONTRIBUTION

B. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt: 09 / 25 / 2023
Transaction ID : SA11A.52677
 Amount of Each Receipt this Period: 19.00
 Memo Item
 CONTRIBUTION

C. BRICKLEY, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 BARSTOW AVE
 City NORWELL State MA Zip Code 02061-2832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt: 10 / 05 / 2023
Transaction ID : SA11A.56472
 Amount of Each Receipt this Period: 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	69.00
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 54 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BRICKLEY, WILLIAM, J, MR,

Mailing Address **60 BARSTOW AVE**

City NORWELL	State MA	Zip Code 02061-2832
------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼
293.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2023

Transaction ID : SA11A.56473

Amount of Each Receipt this Period
25.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BRIGGS, EDDIE, LEE, MR,

Mailing Address **7706 STERLINGSHIRE ST**

City HOUSTON	State TX	Zip Code 77016-3944
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023

Transaction ID : SA11A.47436

Amount of Each Receipt this Period
200.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BROCCI, CAROLDEAN, , MS,

Mailing Address **18831 LEGACY POINT DR**

City SPRING LAKE	State MI	Zip Code 49456-3008
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023

Transaction ID : SA11A.45766

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1225.00
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 55 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BROOKS, FREDDIE, L, MR,
 Mailing Address 8834 FM 765

City SAN ANGELO	State TX	Zip Code 76905-7593
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.43376

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. BROOKS, FREDDIE, L, MR,
 Mailing Address 8834 FM 765

City SAN ANGELO	State TX	Zip Code 76905-7593
--------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2023

Transaction ID : SA11A.47172

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. BROOKS, FREDDIE, L, MR,
 Mailing Address 8834 FM 765

City SAN ANGELO	State TX	Zip Code 76905-7593
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023

Transaction ID : SA11A.47173

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 56 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BROOKS, FREDDIE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8834 FM 765
 City SAN ANGELO State TX Zip Code 76905-7593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.54200
 Amount of Each Receipt this Period 68.00
 Memo Item
 CONTRIBUTION

B. BROWN, BERNADINE, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 S LEAVITT ST
 City CHICAGO State IL Zip Code 60608-6020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42924
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. BROWN, BERNADINE, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3455 S LEAVITT ST
 City CHICAGO State IL Zip Code 60608-6020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.42925
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	268.00
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 57 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BROWN, BERNADINE, G, MS,

Mailing Address **3455 S LEAVITT ST**

City CHICAGO	State IL	Zip Code 60608-6020
------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 03 / 2023

Transaction ID : SA11A.46604

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BROWN, RONNIE, J, MR,

Mailing Address **1703 E CHURCH ST**

City CHERRYVILLE	State NC	Zip Code 28021-9181
----------------------------	--------------------	-------------------------------

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

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt
12 / 21 / 2023

Transaction ID : SA11A.49141

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BUCCELLA, ANTONETTA, , MS, R.N.

Mailing Address **1124 BENNINGTON ST**

City BOSTON	State MA	Zip Code 02128-1236
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 24 / 2023

Transaction ID : SA11A.42525

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 58 OF 639
	(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"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BUCCELLA, ANTONETTA, , MS, R.N.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1124 BENNINGTON ST
 City BOSTON State MA Zip Code 02128-1236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 11 / 2023**
Transaction ID : SA11A.49944
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. BUCHANAN, DANIEL, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4314 CENTER RD
 City OWEN State WI Zip Code 54460-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **07 / 20 / 2023**
Transaction ID : SA11A.42635
 Amount of Each Receipt this Period 20.00
 Memo Item CONTRIBUTION

C. BUCHANAN, DANIEL, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4314 CENTER RD
 City OWEN State WI Zip Code 54460-9102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **10 / 02 / 2023**
Transaction ID : SA11A.57233
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	170.00
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 59 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BUCHANAN, DANIEL, C, MR,		Date of Receipt MM / DD / YYYY 10 / 17 / 2023
Mailing Address W4314 CENTER RD		Transaction ID : SA11A.57234
City OWEN	State WI	Zip Code 54460-9102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BUCHANAN, DANIEL, C, MR,		Date of Receipt MM / DD / YYYY 11 / 08 / 2023
Mailing Address W4314 CENTER RD		Transaction ID : SA11A.61185
City OWEN	State WI	Zip Code 54460-9102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BUCK, LITZI, E, MRS,		Date of Receipt MM / DD / YYYY 07 / 10 / 2023
Mailing Address 10253 GRAYFOX DR		Transaction ID : SA11A.41856
City SAN DIEGO	State CA	Zip Code 92131-1216
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 549.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 639
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 10253 GRAYFOX DR

City SAN DIEGO	State CA	Zip Code 92131-1216
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2023

Transaction ID : SA11A.41857

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 10253 GRAYFOX DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2023

Transaction ID : SA11A.45158

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 10253 GRAYFOX DR

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
549.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2023

Transaction ID : SA11A.45159

Amount of Each Receipt this Period
74.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 61 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

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

Mailing Address 10253 GRAYFOX DR

City SAN DIEGO	State CA	Zip Code 92131-1216
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2023

Transaction ID : SA11A.49299

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

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

Mailing Address 10253 GRAYFOX DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023

Transaction ID : SA11A.52360

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 10253 GRAYFOX DR

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
549.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2023

Transaction ID : SA11A.56112

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 62 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 10253 GRAYFOX DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
549.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.56113

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. BUDJAKOPODRATSKY, SHIRLEY, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 WINAND DR

City HARRISBURG	State PA	Zip Code 17109-1127
--------------------	-------------	------------------------

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 ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.42072

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

C. BUDJAKOPODRATSKY, SHIRLEY, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 503 WINAND DR

City HARRISBURG	State PA	Zip Code 17109-1127
--------------------	-------------	------------------------

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 ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.52632

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	173.00
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 63 OF 639
	<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
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 503 WINAND DR

City HARRISBURG	State PA	Zip Code 17109-1127
--------------------	-------------	------------------------

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 ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2023

Transaction ID : SA11A.56441

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BUGLIONE, MARIA, A, MRS,

Mailing Address 289 HUDSON PL

City FAIRVIEW	State NJ	Zip Code 07022-2140
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.44376

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BUGLIONE, MARIA, A, MRS,

Mailing Address 289 HUDSON PL

City FAIRVIEW	State NJ	Zip Code 07022-2140
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.51127

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 64 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BURNETT, JOAN, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 774

City CHINO VALLEY	State AZ	Zip Code 86323-0774
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2023

Transaction ID : SA11A.44168

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. BURNETT, JOAN, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 774

City CHINO VALLEY	State AZ	Zip Code 86323-0774
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2023

Transaction ID : SA11A.48299

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. BURNETT, JOAN, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 774

City CHINO VALLEY	State AZ	Zip Code 86323-0774
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.51941

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 65 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BURNETT, JOAN, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 774
 City CHINO VALLEY State AZ Zip Code 86323-0774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.59236
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. BURTON, NAN, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1755 BAY HILL PL
 City HENRYVILLE State IN Zip Code 47126-7500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2023
Transaction ID : SA11A.55820
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 11 / 10 / 2023
Transaction ID : SA11A.62566
 Amount of Each Receipt this Period 65.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	315.00
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 66 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address **PO BOX 249**

City LOCUST FORK	State AL	Zip Code 35097-0249
----------------------------	--------------------	-------------------------------

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 ▼
235.00

Date of Receipt
12 / 12 / 2023

Transaction ID : SA11A.51163

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 249**

City LOCUST FORK	State AL	Zip Code 35097-0249
----------------------------	--------------------	-------------------------------

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 ▼
235.00

Date of Receipt
12 / 26 / 2023

Transaction ID : SA11A.51164

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address **PO BOX 249**

City LOCUST FORK	State AL	Zip Code 35097-0249
----------------------------	--------------------	-------------------------------

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 ▼
235.00

Date of Receipt
11 / 14 / 2023

Transaction ID : SA11A.62935

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 67 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address **PO BOX 249**

City **LOCUST FORK** State **AL** Zip Code **35097-0249**

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 ▼ **235.00**

Date of Receipt **11 / 17 / 2023**

Transaction ID : SA11A.62936

Amount of Each Receipt this Period **35.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CALLEWAERT, JOSEPH, G, MR,

Mailing Address **1184 W MAPLE RIDGE 37TH RD**

City **ROCK** State **MI** Zip Code **49880-9466**

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 ▼ **220.00**

Date of Receipt **07 / 05 / 2023**

Transaction ID : SA11A.42162

Amount of Each Receipt this Period **30.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CALLEWAERT, JOSEPH, G, MR,

Mailing Address **1184 W MAPLE RIDGE 37TH RD**

City **ROCK** State **MI** Zip Code **49880-9466**

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 ▼ **220.00**

Date of Receipt **09 / 08 / 2023**

Transaction ID : SA11A.52750

Amount of Each Receipt this Period **90.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **155.00**

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 68 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. CALLEWAERT, JOSEPH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1184 W MAPLE RIDGE 37TH RD
 City ROCK State MI Zip Code 49880-9466
 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 ▼ 220.00

Date of Receipt 10 / 12 / 2023
Transaction ID : SA11A.56576
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. CALLEWAERT, JOSEPH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1184 W MAPLE RIDGE 37TH RD
 City ROCK State MI Zip Code 49880-9466
 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 ▼ 220.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.56577
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

C. CANALE, GLORIA, N, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W ALBANY ST
 City OSWEGO State NY Zip Code 13126-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 773.00

Date of Receipt 07 / 27 / 2023
Transaction ID : SA11A.42424
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 69 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. CANALE, GLORIA, N, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W ALBANY ST
 City OSWEGO State NY Zip Code 13126-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 773.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.45897
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

B. CANALE, GLORIA, N, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W ALBANY ST
 City OSWEGO State NY Zip Code 13126-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 773.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11A.49842
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. CANALE, GLORIA, N, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 W ALBANY ST
 City OSWEGO State NY Zip Code 13126-1929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 773.00

Date of Receipt 12 / 15 / 2023
Transaction ID : SA11A.49843
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	224.00
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 70 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CANALE, GLORIA, N, MRS,
Mailing Address 201 W ALBANY ST

City OSWEGO	State NY	Zip Code 13126-1929
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.00	

Date of Receipt
09 / 18 / 2023
Transaction ID : SA11A.53043

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

B. CANALE, GLORIA, N, MRS,
Mailing Address 201 W ALBANY ST

City OSWEGO	State NY	Zip Code 13126-1929
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 773.00	

Date of Receipt
10 / 05 / 2023
Transaction ID : SA11A.56941

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. CARSTEN, PETER, F, MR,
Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
08 / 07 / 2023
Transaction ID : SA11A.45120

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 71 OF 639
	(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

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CARSTEN, PETER, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2023

Transaction ID : SA11A.45121

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

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

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2023

Transaction ID : SA11A.52333

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

C. CARSTEN, PETER, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : SA11A.52334

Amount of Each Receipt this Period
5.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CARSTEN, PETER, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2023

Transaction ID : SA11A.56084

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

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

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2023

Transaction ID : SA11A.61039

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. CARSTEN, PETER, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5058 E WATER ST

City PORT CLINTON	State OH	Zip Code 43452-9782
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2023

Transaction ID : SA11A.61040

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	95.00
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 73 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CARTER, WARREN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 MILLGROVE RD
 City SILVER SPRING State MD Zip Code 20905-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 07 / 21 / 2023
Transaction ID : SA11A.42935
 Amount of Each Receipt this Period: 50.00
 Memo Item
 CONTRIBUTION

B. CARTER, WARREN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 MILLGROVE RD
 City SILVER SPRING State MD Zip Code 20905-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 03 / 2023
Transaction ID : SA11A.57665
 Amount of Each Receipt this Period: 50.00
 Memo Item
 CONTRIBUTION

C. CARTER, WARREN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1213 MILLGROVE RD
 City SILVER SPRING State MD Zip Code 20905-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 10 / 24 / 2023
Transaction ID : SA11A.57666
 Amount of Each Receipt this Period: 30.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	130.00
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 74 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CASTAGNA, ANTHONY, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 LOCUST AVE
 City OAKDALE State NY Zip Code 11769-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023
Transaction ID : SA11A.43578
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. CASTAGNA, ANTHONY, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 LOCUST AVE
 City OAKDALE State NY Zip Code 11769-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023
Transaction ID : SA11A.43579
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. CASTAGNA, ANTHONY, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 LOCUST AVE
 City OAKDALE State NY Zip Code 11769-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023
Transaction ID : SA11A.47486
 Amount of Each Receipt this Period
 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CHAMBLEE, LARRISSA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 OAKLAND SCHOOL RD
 City FULTON State MS Zip Code 38843-8348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PROFESSIONAL BANKING SERVICE Occupation (for Individual) SERVICE WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA11A.58270
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

B. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 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 ▼ 520.00

Date of Receipt 12 / 29 / 2023
Transaction ID : SA11A.49374
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 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 ▼ 520.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.56200
 Amount of Each Receipt this Period 70.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	210.00
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 76 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 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 ▼ 520.00

Date of Receipt 11 / 03 / 2023
Transaction ID : SA11A.60144
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. CIANCI, SUSAN, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13131 SE 91ST COURT RD
 City SUMMERFIELD State FL Zip Code 34491-9226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42583
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. CIANCI, SUSAN, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13131 SE 91ST COURT RD
 City SUMMERFIELD State FL Zip Code 34491-9226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.42584
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 77 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CIANCI, SUSAN, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13131 SE 91ST COURT RD
 City SUMMERFIELD State FL Zip Code 34491-9226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.42585
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. CIANCI, SUSAN, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13131 SE 91ST COURT RD
 City SUMMERFIELD State FL Zip Code 34491-9226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.46111
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. CIANCI, SUSAN, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13131 SE 91ST COURT RD
 City SUMMERFIELD State FL Zip Code 34491-9226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.50015
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 78 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CIBOR, RONALD, H., MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N 12TH ST APT 22
 City GRAND JCT State CO Zip Code 81501-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.41561
 Amount of Each Receipt this Period -200.00
 Memo Item
 CONTRIBUTION
 2023 AGGREGATE; CHARGED BACK

B. CICCI, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1423 1307TH ST
 City LINCOLN State IL Zip Code 62656-5085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 27 / 2023
Transaction ID : SA11A.44025
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. CICCI, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1423 1307TH ST
 City LINCOLN State IL Zip Code 62656-5085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54980
 Amount of Each Receipt this Period 175.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	25.00
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 79 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CICCIO, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1423 1307TH ST
 City LINCOLN State IL Zip Code 62656-5085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54981
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. CLAIBORNE, WALTER, H, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14217 CLAIBORNE RD
 City BATCHELOR State LA Zip Code 70715-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.57384
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

C. CLARKE, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2200 GOSHEN CREEK RD
 City CLARKESVILLE State GA Zip Code 30523-0725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.53855
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
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 80 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLAUSON, DANIEL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3553 S BELGRAVE DR

City INVERNESS	State FL	Zip Code 34452-8719
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2023

Transaction ID : SA11A.45699

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. CLAUSON, DANIEL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3553 S BELGRAVE DR

City INVERNESS	State FL	Zip Code 34452-8719
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.52857

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. CLAUSON, DANIEL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3553 S BELGRAVE DR

City INVERNESS	State FL	Zip Code 34452-8719
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023

Transaction ID : SA11A.60514

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 81 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023

Transaction ID : SA11A.42448

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

B. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.42449

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023

Transaction ID : SA11A.45928

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 82 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023

Transaction ID : SA11A.49870

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2023

Transaction ID : SA11A.53082

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. CLEMENT, RUTH, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2399 W VIA DI SILVIO

City TUCSON	State AZ	Zip Code 85741-4207
----------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.53083

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 83 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLEMENT, RUTH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2399 W VIA DI SILVIO
 City TUCSON State AZ Zip Code 85741-4207
 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 ▼ 219.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.60723
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. CLEVELAND, JEROME, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4279 SE WHITICAR WAY
 City STUART State FL Zip Code 34997-6141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2023
Transaction ID : SA11A.42421
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. CLEVELAND, JEROME, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4279 SE WHITICAR WAY
 City STUART State FL Zip Code 34997-6141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.45892
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 84 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CLEVELAND, JEROME, L, MR,

Mailing Address **4279 SE WHITICAR WAY**

City STUART	State FL	Zip Code 34997-6141
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 18 / 2023

Transaction ID : SA11A.49841

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CLEVELAND, JEROME, L, MR,

Mailing Address **4279 SE WHITICAR WAY**

City STUART	State FL	Zip Code 34997-6141
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 20 / 2023

Transaction ID : SA11A.56937

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CLEVELAND, JEROME, L, MR,

Mailing Address **4279 SE WHITICAR WAY**

City STUART	State FL	Zip Code 34997-6141
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 07 / 2023

Transaction ID : SA11A.60694

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLOUTIER, PAUL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 EXECUTIVE CENTER DR APT C217
 City WEST PALM BEACH State FL Zip Code 33401-4883
 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 09 / 01 / 2023
Transaction ID : SA11A.55474
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. CLOUTIER, PAUL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 EXECUTIVE CENTER DR APT C217
 City WEST PALM BEACH State FL Zip Code 33401-4883
 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 11 / 01 / 2023
Transaction ID : SA11A.62976
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. CLOUTIER, PAUL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 EXECUTIVE CENTER DR APT C217
 City WEST PALM BEACH State FL Zip Code 33401-4883
 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 11 / 20 / 2023
Transaction ID : SA11A.62977
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.44020
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

B. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.51818
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

C. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.54975
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 87 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023
Transaction ID : SA11A.59034
 Amount of Each Receipt this Period
 35.00
 Memo Item
 CONTRIBUTION

B. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023
Transaction ID : SA11A.59035
 Amount of Each Receipt this Period
 34.00
 Memo Item
 CONTRIBUTION

C. COCKROFT, IDA, HELENE, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3766 EDGAR RD
 City LESLIE State MI Zip Code 49251-9779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023
Transaction ID : SA11A.62503
 Amount of Each Receipt this Period
 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	104.00
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 88 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COFFEE, NETTIE, P, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 RICHLAND CT

City GALLATIN	State TN	Zip Code 37066-3018
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.48016

Amount of Each Receipt this Period
194.00

Memo Item
CONTRIBUTION

B. COFFEE, NETTIE, P, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 RICHLAND CT

City GALLATIN	State TN	Zip Code 37066-3018
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.51756

Amount of Each Receipt this Period
97.00

Memo Item
CONTRIBUTION

C. COFFEE, NETTIE, P, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 RICHLAND CT

City GALLATIN	State TN	Zip Code 37066-3018
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.54878

Amount of Each Receipt this Period
97.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	388.00
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 89 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COFFEE, NETTIE, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 RICHLAND CT
 City GALLATIN State TN Zip Code 37066-3018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 582.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.58939
 Amount of Each Receipt this Period 97.00
 Memo Item
CONTRIBUTION

B. COLLINS, EVERETTE, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2732 CALIFORNIA AVE
 City DAYTON State OH Zip Code 45419-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED MILITARY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2023
Transaction ID : SA11A.50575
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

C. COLLINS, EVERETTE, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2732 CALIFORNIA AVE
 City DAYTON State OH Zip Code 45419-1912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED MILITARY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61733
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	347.00
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 90 OF 639
	<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
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COLLINS, KATHERINE, C, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 MALLARD POINTE DR
 City CEDAR HILL State TX Zip Code 75104-8292
 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 ▼ 697.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.46709
 Amount of Each Receipt this Period 247.00
 Memo Item
 CONTRIBUTION

B. COLLINS, RUTH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 DAGUN DR
 City ANNISTON State AL Zip Code 36206-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 14 / 2023
Transaction ID : SA11A.53077
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. COLLINS, RUTH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 DAGUN DR
 City ANNISTON State AL Zip Code 36206-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53078
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	341.00
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 91 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLLINS, RUTH, A, MS,

Mailing Address 523 DAGUN DR

City ANNISTON	State AL	Zip Code 36206-1121
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.53079

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLLINS, RUTH, A, MS,

Mailing Address 523 DAGUN DR

City ANNISTON	State AL	Zip Code 36206-1121
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2023

Transaction ID : SA11A.56981

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLLINS, RUTH, A, MS,

Mailing Address 523 DAGUN DR

City ANNISTON	State AL	Zip Code 36206-1121
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2023

Transaction ID : SA11A.56982

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	134.00
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 92 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. COLLINS, RUTH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 523 DAGUN DR
 City ANNISTON State AL Zip Code 36206-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 27 / 2023
Transaction ID : SA11A.60719
 Amount of Each Receipt this Period 247.00
 Memo Item
 CONTRIBUTION

B. CONE, DOUGLAS, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 ROMY CT
 City EUGENE State OR Zip Code 97402-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt 08 / 14 / 2023
Transaction ID : SA11A.48369
 Amount of Each Receipt this Period 44.00
 Memo Item
 CONTRIBUTION

C. CONE, DOUGLAS, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 ROMY CT
 City EUGENE State OR Zip Code 97402-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.59314
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	326.00
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 93 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CONE, DOUGLAS, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 ROMY CT
 City EUGENE State OR Zip Code 97402-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023
Transaction ID : SA11A.59315
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

B. CONE, DOUGLAS, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 ROMY CT
 City EUGENE State OR Zip Code 97402-1889
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA11A.62708
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

C. CONNER, BRUCE, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 COUNTRY CLUB DR
 City XENIA State OH Zip Code 45385-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023
Transaction ID : SA11A.41715
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 94 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CONNER, BRUCE, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 COUNTRY CLUB DR
 City XENIA State OH Zip Code 45385-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 08 / 11 / 2023
Transaction ID : SA11A.44973
 Amount of Each Receipt this Period 60.00
 Memo Item
 CONTRIBUTION

B. CONNER, BRUCE, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 COUNTRY CLUB DR
 City XENIA State OH Zip Code 45385-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 12 / 04 / 2023
Transaction ID : SA11A.49172
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. CONNER, BRUCE, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 COUNTRY CLUB DR
 City XENIA State OH Zip Code 45385-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 09 / 18 / 2023
Transaction ID : SA11A.52221
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 95 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CONNER, BRUCE, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 COUNTRY CLUB DR
 City XENIA State OH Zip Code 45385-1641
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA11A.60936
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. CONNELL, DANIEL, B, MR, USN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1634 GREMLIN WAY
 City SPRING VALLEY State CA Zip Code 91977-6505
 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 ▼ 325.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45271
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. CONNELL, DANIEL, B, MR, USN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1634 GREMLIN WAY
 City SPRING VALLEY State CA Zip Code 91977-6505
 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 ▼ 325.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45272
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CONNELL, DANIEL, B, MR, USN		Date of Receipt MM / DD / YYYY 08 / 15 / 2023
Mailing Address 1634 GREMLIN WAY		Transaction ID : SA11A.45273
City SPRING VALLEY	State CA	Zip Code 91977-6505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CONNELL, DANIEL, B, MR, USN		Date of Receipt MM / DD / YYYY 09 / 08 / 2023
Mailing Address 1634 GREMLIN WAY		Transaction ID : SA11A.52481
City SPRING VALLEY	State CA	Zip Code 91977-6505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CONNELL, DANIEL, B, MR, USN		Date of Receipt MM / DD / YYYY 11 / 21 / 2023
Mailing Address 1634 GREMLIN WAY		Transaction ID : SA11A.60173
City SPRING VALLEY	State CA	Zip Code 91977-6505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 97 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CONNER, LUDLOW, E, MR, TTEE

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

Mailing Address PO BOX 326

City GAGE	State OK	Zip Code 73843-0326
--------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) LANDLORD
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2023

Transaction ID : SA11A.52362

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. CONNER, LUDLOW, E, MR, TTEE

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

Mailing Address PO BOX 326

City GAGE	State OK	Zip Code 73843-0326
--------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) LANDLORD
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.56115

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. CONNER, LUDLOW, E, MR, TTEE

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

Mailing Address PO BOX 326

City GAGE	State OK	Zip Code 73843-0326
--------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) LANDLORD
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023

Transaction ID : SA11A.61063

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	247.00
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 98 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COUCH, RICHARD, E, MR,

Mailing Address 13803 BIRDAVEN LN

City GROTTOES	State VA	Zip Code 24441-5227
------------------	-------------	------------------------

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 ▼
257.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023
Transaction ID : SA11A.49302

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COUCH, RICHARD, E, MR,

Mailing Address 13803 BIRDAVEN LN

City GROTTOES	State VA	Zip Code 24441-5227
------------------	-------------	------------------------

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 ▼
257.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023
Transaction ID : SA11A.52365

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CRECELIUS, SHIRLEY, L, MRS,

Mailing Address 312 W HASTINGS RD APT 248

City SPOKANE	State WA	Zip Code 99218-3726
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023
Transaction ID : SA11A.62187

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	468.00
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 99 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CREGO, LAI, MING, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 693 SUNRAY PARK ST
 City HENDERSON State NV Zip Code 89011-5519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.49007
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. CUDE, JAMIE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 LAUREL ST
 City HUMBOLDT State TN Zip Code 38343-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.43648
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. CUDE, JAMIE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 LAUREL ST
 City HUMBOLDT State TN Zip Code 38343-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 13 / 2023
Transaction ID : SA11A.50957
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	572.00
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 100 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CUDE, JAMIE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 LAUREL ST
 City HUMBOLDT State TN Zip Code 38343-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.54538
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. CUDE, JAMIE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3013 LAUREL ST
 City HUMBOLDT State TN Zip Code 38343-2054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.58537
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. CULBERTSON, JOHN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N LA CANADA DR
 City GREEN VALLEY State AZ Zip Code 85614-3129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.59401
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 322.00
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 101 OF 639
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2023

Transaction ID : SA11A.47598

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2023

Transaction ID : SA11A.47599

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
229.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2023

Transaction ID : SA11A.50973

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	74.00
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 102 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2023

Transaction ID : SA11A.50974

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2023

Transaction ID : SA11A.50975

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2023

Transaction ID : SA11A.54550

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 103 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt
 11 / 07 / 2023

Transaction ID : SA11A.62162

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. CUMMINGS, DOROTHY, E, MS, TTEE

Mailing Address 1418 W JANEEN WAY

City ANAHEIM	State CA	Zip Code 92801-4715
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt
 11 / 28 / 2023

Transaction ID : SA11A.62163

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. CUMMINGS, JOHN, H, MR, JR

Mailing Address 2600 OCEAN BLVD

City CORONA DEL MAR	State CA	Zip Code 92625-2830
------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 10 / 26 / 2023

Transaction ID : SA11A.58119

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	155.00
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 104 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CUMMINGS, JOHN, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 OCEAN BLVD
 City CORONA DEL MAR State CA Zip Code 92625-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.61838
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. CUNNINGHAM, SHIRLEY, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 WHITE PINE DR
 City ALBANY State NY Zip Code 12203-4496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.42022
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. CUNNINGHAM, SHIRLEY, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 WHITE PINE DR
 City ALBANY State NY Zip Code 12203-4496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.49493
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	385.00
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 105 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CURRAN, WILLIAM, E, MR, JR			Date of Receipt MM / DD / YYYY 11 / 27 / 2023
Mailing Address 4601 HIGHWAY A1A APT 501			Transaction ID : SA11A.62377
City VERO BEACH	State FL	Zip Code 32963-1353	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CURTIS, THOMAS, P, MR,			Date of Receipt MM / DD / YYYY 08 / 18 / 2023
Mailing Address PO BOX 14			Transaction ID : SA11A.48221
City COALMONT	State TN	Zip Code 37313-0014	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CURTIS, THOMAS, P, MR,			Date of Receipt MM / DD / YYYY 12 / 28 / 2023
Mailing Address PO BOX 14			Transaction ID : SA11A.51885
City COALMONT	State TN	Zip Code 37313-0014	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 234.00	

SUBTOTAL of Receipts This Page (optional).....	334.00
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 106 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CURTIS, THOMAS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 14
 City COALMONT State TN Zip Code 37313-0014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023
Transaction ID : SA11A.55054
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. CURTIS, THOMAS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 14
 City COALMONT State TN Zip Code 37313-0014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.55055
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. CURTIS, THOMAS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 14
 City COALMONT State TN Zip Code 37313-0014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2023
Transaction ID : SA11A.62610
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DALEO, ROSEMARY, , MRS,
Mailing Address 1410 N 13TH AVE

City MELROSE PARK	State IL	Zip Code 60160-3458
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2023
Transaction ID : SA11A.45036

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DALEO, ROSEMARY, , MRS,
Mailing Address 1410 N 13TH AVE

City MELROSE PARK	State IL	Zip Code 60160-3458
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.52277

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DALEO, ROSEMARY, , MRS,
Mailing Address 1410 N 13TH AVE

City MELROSE PARK	State IL	Zip Code 60160-3458
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023
Transaction ID : SA11A.56018

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	149.00
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 108 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DALEO, ROSEMARY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1410 N 13TH AVE
 City MELROSE PARK State IL Zip Code 60160-3458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 398.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.60982
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. DALTON, LAWRENCE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 LAKE PARK TER
 City HEWITT State NJ Zip Code 07421-3211
 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 07 / 28 / 2023
Transaction ID : SA11A.42771
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. DARROHN, ROBERT, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 301
 City MIDPINES State CA Zip Code 95345-0301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.43312
 Amount of Each Receipt this Period 60.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 109 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DARROHN, ROBERT, A, MR,		Date of Receipt MM / DD / YYYY 12 / 18 / 2023
Mailing Address PO BOX 301		Transaction ID : SA11A.50662
City MIDPINES	State CA	Zip Code 95345-0301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DARROHN, ROBERT, A, MR,		Date of Receipt MM / DD / YYYY 09 / 08 / 2023
Mailing Address PO BOX 301		Transaction ID : SA11A.54133
City MIDPINES	State CA	Zip Code 95345-0301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DAVIES, GERALD, A, CW4, USA RET		Date of Receipt MM / DD / YYYY 08 / 28 / 2023
Mailing Address 3350 WYSS RD		Transaction ID : SA11A.44946
City CAZENOVIA	State NY	Zip Code 13035-9421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) USPS	Occupation (for Individual) LETTER CARRIER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 223.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DAVIES, GERALD, A, CW4, USA RET

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

Mailing Address 3350 WYSS RD

City CAZENOVA	State NY	Zip Code 13035-9421
------------------	-------------	------------------------

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

Name of Employer (for Individual) USPS	Occupation (for Individual) LETTER CARRIER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.52197

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. DAVIES, GERALD, A, CW4, USA RET

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

Mailing Address 3350 WYSS RD

City CAZENOVA	State NY	Zip Code 13035-9421
------------------	-------------	------------------------

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

Name of Employer (for Individual) USPS	Occupation (for Individual) LETTER CARRIER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2023

Transaction ID : SA11A.60921

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. DAVIS, WILLIAM, A, MR,

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

Mailing Address 45 HICKORY ALY

City BYRON	State GA	Zip Code 31008-4436
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023

Transaction ID : SA11A.44105

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	174.00
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 111 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DAVIS, WILLIAM, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 HICKORY ALY
 City BYRON State GA Zip Code 31008-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.48213
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. DAVIS, WILLIAM, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 HICKORY ALY
 City BYRON State GA Zip Code 31008-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.48214
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. DAVIS, WILLIAM, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 HICKORY ALY
 City BYRON State GA Zip Code 31008-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.59140
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DAY, JEANNE, A, MS,			Date of Receipt MM / DD / YYYY 11 / 14 / 2023		
Mailing Address 3406 LEES AVE			Transaction ID : SA11A.61743		
City LONG BEACH	State CA	Zip Code 90808-3009	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DE GROOT, JAMES, W, MR,			Date of Receipt MM / DD / YYYY 08 / 10 / 2023		
Mailing Address 4537 KETCHWOOD CIR			Transaction ID : SA11A.46049		
City HIGHLANDS RANCH	State CO	Zip Code 80130-8804	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DE GROOT, JAMES, W, MR,			Date of Receipt MM / DD / YYYY 11 / 02 / 2023		
Mailing Address 4537 KETCHWOOD CIR			Transaction ID : SA11A.60814		
City HIGHLANDS RANCH	State CO	Zip Code 80130-8804	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 113 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DE MASTERS, BABALA, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1180 VIA DI FELICITA
 City ENCINITAS State CA Zip Code 92024-6845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.56683
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. DE MASTERS, BABALA, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1180 VIA DI FELICITA
 City ENCINITAS State CA Zip Code 92024-6845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 25 / 2023
Transaction ID : SA11A.56684
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. DEAGLE, JAMES, L, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 DOCKSIDE DR UNIT 801
 City NAPLES State FL Zip Code 34110-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.43137
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 114 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DEAGLE, JAMES, L, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 DOCKSIDE DR UNIT 801
 City NAPLES State FL Zip Code 34110-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.61661
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

B. DEAN, BARBARA, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 PALMER ST
 City FAIRHAVEN State MA Zip Code 02719-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.44756
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. DEAN, BARBARA, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 PALMER ST
 City FAIRHAVEN State MA Zip Code 02719-1025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA11A.51431
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 115 OF 639
	(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"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 8 PALMER ST

City FAIRHAVEN State MA Zip Code 02719-1025

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2023

Transaction ID : SA11A.55748

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. DEERING, GAIL, M, MS,

Mailing Address 5118 YACHT CLUB RD

City JACKSONVILLE State FL Zip Code 32210-8324

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2023

Transaction ID : SA11A.51927

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DEL PERCIO, FLORENCE, A, MRS,

Mailing Address 503 OTTER BRANCH DR

City MAGNOLIA State NJ Zip Code 08049-1120

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
214.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2023

Transaction ID : SA11A.46060

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1284.00
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 116 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DEL PERCIO, FLORENCE, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 OTTER BRANCH DR
 City MAGNOLIA State NJ Zip Code 08049-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.46061
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. DEL PERCIO, FLORENCE, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 OTTER BRANCH DR
 City MAGNOLIA State NJ Zip Code 08049-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.00

Date of Receipt 10 / 25 / 2023
Transaction ID : SA11A.57135
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. DEPRIEST, MARILYN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174299 E COUNTY ROAD 54
 City SHATTUCK State OK Zip Code 73858-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.55637
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	260.00
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 117 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DERRYBERRY, ELEANOR, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 FAIRVIEW DR
 City SELMA State AL Zip Code 36701-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 04 / 2023**
Transaction ID : SA11A.46347
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. DERRYBERRY, ELEANOR, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 FAIRVIEW DR
 City SELMA State AL Zip Code 36701-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : SA11A.53446
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. DERRYBERRY, ELEANOR, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 FAIRVIEW DR
 City SELMA State AL Zip Code 36701-7006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 27 / 2023**
Transaction ID : SA11A.57391
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 118 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DETERS, MERLIN, L, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 NORTH ST
 City BAILEYVILLE State KS Zip Code 66404-9419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.53566
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. DETERS, MERLIN, L, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 NORTH ST
 City BAILEYVILLE State KS Zip Code 66404-9419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 19 / 2023
Transaction ID : SA11A.57525
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

C. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN
 City BOARDMAN State OH Zip Code 44512-1666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 923.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.44502
 Amount of Each Receipt this Period 49.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 319.00
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 119 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2023
Transaction ID : SA11A.44503

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023
Transaction ID : SA11A.48761

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023
Transaction ID : SA11A.51243

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	249.00
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 120 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 4631 WASEKA LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.55535

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 4631 WASEKA LN

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023

Transaction ID : SA11A.59731

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 4631 WASEKA LN

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023

Transaction ID : SA11A.63015

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 121 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN
 City BOARDMAN State OH Zip Code 44512-1666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 923.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.63016
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. DIXON, DEBORAH, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 345
 City EUREKA State UT Zip Code 84628-0345
 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 ▼ 447.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.48553
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. DIXON, DEBORAH, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 345
 City EUREKA State UT Zip Code 84628-0345
 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 ▼ 447.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.51100
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 122 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DIXON, DEBORAH, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 345
 City EUREKA State UT Zip Code 84628-0345
 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 ▼ 447.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11A.55328
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

B. DOMASZEWICZ, MICHAEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 198 PELHAM ST
 City PEMBROKE State MA Zip Code 02359-3739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.48984
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. DONAHUE, JANE, B, MISS, TRUSTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 BACON ST
 City WELLESLEY State MA Zip Code 02482-5701
 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 08 / 25 / 2023
Transaction ID : SA11A.46821
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	347.00
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 123 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DONAHUE, JANE, B, MISS, TRUSTEE

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

Mailing Address 19 BACON ST

City WELLESLEY	State MA	Zip Code 02482-5701
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023

Transaction ID : SA11A.50486

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. DONAHUE, JANE, B, MISS, TRUSTEE

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

Mailing Address 19 BACON ST

City WELLESLEY	State MA	Zip Code 02482-5701
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023

Transaction ID : SA11A.61632

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. DONLEY, KENNETH, G, MR,

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

Mailing Address 7905 LEE ROAD 145

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2023

Transaction ID : SA11A.42383

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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 124 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DONLEY, KENNETH, G, MR,
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 08 / 09 / 2023
Transaction ID : SA11A.45841
 Amount of Each Receipt this Period 59.00
 Memo Item
 CONTRIBUTION

B. DONLEY, KENNETH, G, MR,
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 08 / 24 / 2023
Transaction ID : SA11A.45842
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. DONLEY, KENNETH, G, MR,
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 12 / 14 / 2023
Transaction ID : SA11A.49800
 Amount of Each Receipt this Period 59.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	153.00
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 125 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 7905 LEE ROAD 145

City SALEM State AL Zip Code 36874-2050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023

Transaction ID : SA11A.56882

Amount of Each Receipt this Period
59.00

Memo Item
CONTRIBUTION

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

Mailing Address 7905 LEE ROAD 145

City SALEM State AL Zip Code 36874-2050

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023

Transaction ID : SA11A.60646

Amount of Each Receipt this Period
59.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. DOOLEY, JOHN, W, MR,

Mailing Address 14 GRANADA RD

City PASADENA State MD Zip Code 21122-2708

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

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED LAW ENFORCEMENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
393.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023

Transaction ID : SA11A.45440

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 152.00

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 126 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 14 GRANADA RD

City PASADENA	State MD	Zip Code 21122-2708
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
393.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2023

Transaction ID : SA11A.45441

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. DOOLEY, JOHN, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 GRANADA RD

City PASADENA	State MD	Zip Code 21122-2708
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
393.00

Date of Receipt
MM / DD / YYYY
08 / 04 / 2023

Transaction ID : SA11A.45442

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. DOOLEY, JOHN, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 GRANADA RD

City PASADENA	State MD	Zip Code 21122-2708
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
393.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2023

Transaction ID : SA11A.45443

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	109.00
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 127 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DOOLEY, JOHN, W, MR,		Date of Receipt MM / DD / YYYY 08 / 30 / 2023
Mailing Address 14 GRANADA RD		Transaction ID : SA11A.45444
City PASADENA	State MD	Zip Code 21122-2708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED LAW ENFORCEMENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DOOLEY, JOHN, W, MR,		Date of Receipt MM / DD / YYYY 12 / 19 / 2023
Mailing Address 14 GRANADA RD		Transaction ID : SA11A.49541
City PASADENA	State MD	Zip Code 21122-2708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED LAW ENFORCEMENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DOOLEY, JOHN, W, MR,		Date of Receipt MM / DD / YYYY 09 / 18 / 2023
Mailing Address 14 GRANADA RD		Transaction ID : SA11A.52643
City PASADENA	State MD	Zip Code 21122-2708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED LAW ENFORCEMENT	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 393.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DOOLEY, JOHN, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 GRANADA RD
 City PASADENA State MD Zip Code 21122-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED LAW ENFORCEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.56449
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. DOOLEY, JOHN, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 GRANADA RD
 City PASADENA State MD Zip Code 21122-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED LAW ENFORCEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 393.00

Date of Receipt 11 / 03 / 2023
Transaction ID : SA11A.60327
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. DORR, DOLORES, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 LINDEN DR
 City NEW CASTLE State IN Zip Code 47362-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.41819
 Amount of Each Receipt this Period 90.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 129 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DORR, DOLORES, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 LINDEN DR

City NEW CASTLE	State IN	Zip Code 47362-1728
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 08 / 29 / 2023
Transaction ID : SA11A.45106

Amount of Each Receipt this Period
90.00

Memo Item
CONTRIBUTION

B. DORR, DOLORES, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 LINDEN DR

City NEW CASTLE	State IN	Zip Code 47362-1728
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 12 / 27 / 2023
Transaction ID : SA11A.49263

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. DORR, DOLORES, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1416 LINDEN DR

City NEW CASTLE	State IN	Zip Code 47362-1728
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 09 / 18 / 2023
Transaction ID : SA11A.52321

Amount of Each Receipt this Period
90.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	280.00
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 130 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DORR, DOLORES, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1416 LINDEN DR
 City NEW CASTLE State IN Zip Code 47362-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.61025
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.42536
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11A.49966
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 131 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA11A.49967
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023
Transaction ID : SA11A.53196
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.53197
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 132 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DOUGLASS, DONALD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8961 LAKE DR APT 306
 City CAPE CANAVERAL State FL Zip Code 32920-5507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.57113
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. DOWNS, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6207 FOXCROFT RD
 City ALEXANDRIA State VA Zip Code 22307-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 698.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.55044
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. DRUMMOND, A, CAROLINE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 RICE BLUFF RD
 City PAWLEYS ISLAND State SC Zip Code 29585-7971
 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 ▼ 1500.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11A.54463
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DRUMMOND, A, CAROLINE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 RICE BLUFF RD
 City PAWLEYS ISLAND State SC Zip Code 29585-7971
 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 ▼ 1500.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.57065
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION

B. DUBBELDEE, BEATRICE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 VILLAGE DR APT 114
 City MARSHALL State MN Zip Code 56258-2569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.44319
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. DUBBELDEE, BEATRICE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 VILLAGE DR APT 114
 City MARSHALL State MN Zip Code 56258-2569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.55286
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1300.00
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 134 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. DUCKHAM, DAN, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1944
 City CASHIERS State NC Zip Code 28717-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) SELF EMPLOYED - ARCHITECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023
Transaction ID : SA11A.49461
 Amount of Each Receipt this Period
 102.00
 Memo Item
CONTRIBUTION

B. DUCKHAM, DAN, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1944
 City CASHIERS State NC Zip Code 28717-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) SELF EMPLOYED - ARCHITECT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.52557
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

C. DUENNER, RUTHIE, B, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3817 E 111TH ST
 City TULSA State OK Zip Code 74137-7404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023
Transaction ID : SA11A.43229
 Amount of Each Receipt this Period
 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	852.00
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 135 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DUNCAN, MARGARET, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4886 INTERLACHEN DR NE
 City ALEXANDRIA State MN Zip Code 56308-4592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2023
Transaction ID : SA11A.41816
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. DUNLAP, R, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 720
 City BATESVILLE State MS Zip Code 38606-0720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.44755
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

C. DUNLAP, ROBERT, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 720
 City BATESVILLE State MS Zip Code 38606-0720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 DUNLAP AND KYLE CO. INC. C.E.O.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2023
Transaction ID : SA11A.56547
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2200.00
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 136 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DYE, CHARLES, T, MR, JR		Date of Receipt MM / DD / YYYY 08 / 01 / 2023 Transaction ID : SA11A.45759
Mailing Address 1809 HAPPY HOLLOW RD		Amount of Each Receipt this Period 100.00
City W LAFAYETTE	State IN	Zip Code 47906-2142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DYE, CHARLES, T, MR, JR		Date of Receipt MM / DD / YYYY 12 / 13 / 2023 Transaction ID : SA11A.49749
Mailing Address 1809 HAPPY HOLLOW RD		Amount of Each Receipt this Period 100.00
City W LAFAYETTE	State IN	Zip Code 47906-2142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DYE, CHARLES, T, MR, JR		Date of Receipt MM / DD / YYYY 09 / 25 / 2023 Transaction ID : SA11A.52932
Mailing Address 1809 HAPPY HOLLOW RD		Amount of Each Receipt this Period 100.00
City W LAFAYETTE	State IN	Zip Code 47906-2142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DYE, CHARLES, T, MR, JR

Mailing Address 1809 HAPPY HOLLOW RD

City W LAFAYETTE	State IN	Zip Code 47906-2142
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023

Transaction ID : SA11A.56779

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DYE, CHARLES, T, MR, JR

Mailing Address 1809 HAPPY HOLLOW RD

City W LAFAYETTE	State IN	Zip Code 47906-2142
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.56780

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EALY, ANNE, H, MS,

Mailing Address 4328 E CAPRI AVE UNIT 153

City MESA	State AZ	Zip Code 85206-1973
--------------	-------------	------------------------

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 ▼
219.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2023

Transaction ID : SA11A.43553

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 138 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EALY, ANNE, H, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4328 E CAPRI AVE UNIT 153
 City MESA State AZ Zip Code 85206-1973
 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 ▼ 219.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43554
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. EALY, ANNE, H, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4328 E CAPRI AVE UNIT 153
 City MESA State AZ Zip Code 85206-1973
 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 ▼ 219.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43555
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. EALY, ANNE, H, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4328 E CAPRI AVE UNIT 153
 City MESA State AZ Zip Code 85206-1973
 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 ▼ 219.00

Date of Receipt 09 / 06 / 2023
Transaction ID : SA11A.54415
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 139 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EANES, CAROLYN, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11306 DUDE RANCH RD
 City GLEN ALLEN State VA Zip Code 23059-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.50242
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

B. EASTER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5136 YOUNGFIELD CT
 City ARVADA State CO Zip Code 80002-1827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MFG Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 07 / 10 / 2023
Transaction ID : SA11A.44612
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. EBERT, JAMES, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5680 N HIGHWAY 99
 City WAMEGO State KS Zip Code 66547-9699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.41868
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	435.00
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 140 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. EBERT, JAMES, E, MR,		Date of Receipt
Mailing Address 5680 N HIGHWAY 99		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2023"/>
City WAMEGO	State KS	Zip Code 66547-9699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.49313
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) INFORMATION REQUESTED PER BE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="490.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. EBERT, JAMES, E, MR,		Date of Receipt
Mailing Address 5680 N HIGHWAY 99		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2023"/>
City WAMEGO	State KS	Zip Code 66547-9699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.52378
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) INFORMATION REQUESTED PER BE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="490.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. EBERT, JAMES, E, MR,		Date of Receipt
Mailing Address 5680 N HIGHWAY 99		<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2023"/>
City WAMEGO	State KS	Zip Code 66547-9699
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.52379
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period <input type="text" value="105.00"/>
Occupation (for Individual) INFORMATION REQUESTED PER BE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="490.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="255.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. EBERT, JAMES, E, MR,

Mailing Address **5680 N HIGHWAY 99**

City WAMEGO	State KS	Zip Code 66547-9699
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
11 / 10 / 2023

Transaction ID : SA11A.61082

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. EDRA, WINSLOW, D, MR, USN RET

Mailing Address **1166 EAST LN**

City IMPERIAL BEACH	State CA	Zip Code 91932-3228
-------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) 4SN	Occupation (for Individual) RETIRED SENIOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt
10 / 17 / 2023

Transaction ID : SA11A.58785

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. EDRA, WINSLOW, D, MR, USN RET

Mailing Address **1166 EAST LN**

City IMPERIAL BEACH	State CA	Zip Code 91932-3228
-------------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) 4SN	Occupation (for Individual) RETIRED SENIOR
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt
10 / 27 / 2023

Transaction ID : SA11A.58786

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	159.00
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 142 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EDWARDS, DARLENE, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 N 102ND ST
 City EDWARDSVILLE State KS Zip Code 66111-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.51776
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. ELLESSON, BETTY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MARIPOSA WAY
 City HENDERSON State NV Zip Code 89015-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.43564
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. ELLESSON, BETTY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MARIPOSA WAY
 City HENDERSON State NV Zip Code 89015-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43565
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 143 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ELLESSON, BETTY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MARIPOSA WAY
 City HENDERSON State NV Zip Code 89015-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2023
Transaction ID : SA11A.50876
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. ELLESSON, BETTY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MARIPOSA WAY
 City HENDERSON State NV Zip Code 89015-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2023
Transaction ID : SA11A.54429
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. ELLESSON, BETTY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 MARIPOSA WAY
 City HENDERSON State NV Zip Code 89015-2710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2023
Transaction ID : SA11A.54430
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address PO BOX 445

City KINGSTON SPGS	State TN	Zip Code 37082-0445
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.46506

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 445

City KINGSTON SPGS	State TN	Zip Code 37082-0445
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.50295

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 445

City KINGSTON SPGS	State TN	Zip Code 37082-0445
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2023

Transaction ID : SA11A.53593

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 145 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ENGLISH, DAVID, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 GARNET AVE PMB 328
 City SAN DIEGO State CA Zip Code 92109-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.47361
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. ENGLISH, DAVID, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 GARNET AVE PMB 328
 City SAN DIEGO State CA Zip Code 92109-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.54349
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. ENGLISH, DAVID, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 GARNET AVE PMB 328
 City SAN DIEGO State CA Zip Code 92109-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.58335
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 146 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ENGLISH, DAVID, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1804 GARNET AVE PMB 328
 City SAN DIEGO State CA Zip Code 92109-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61989
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. ERTMAN, CAROL, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16169 KOOTENAI PL
 City NAMPA State ID Zip Code 83651-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 21 / 2023
Transaction ID : SA11A.43876
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. ERTMAN, CAROL, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16169 KOOTENAI PL
 City NAMPA State ID Zip Code 83651-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.47917
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 235.00
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 147 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ERTMAN, CAROL, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16169 KOOTENAI PL
 City NAMPA State ID Zip Code 83651-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023
Transaction ID : SA11A.54786
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. ERTMAN, CAROL, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16169 KOOTENAI PL
 City NAMPA State ID Zip Code 83651-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : SA11A.54787
 Amount of Each Receipt this Period
 35.00
 Memo Item
 CONTRIBUTION

C. ESTES, CONSTANCE, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5434 E LINCOLN DR # 44
 City PARADISE VALLEY State AZ Zip Code 85253-4118
 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023
Transaction ID : SA11A.61085
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	635.00
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 148 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EVANS, JULIE, ANN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 DESERT AIRE DR SW
 City MATTAWA State WA Zip Code 99349-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47209
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

B. EWING, PEGGY, L, MRS, JT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 999
 City JANESVILLE State WI Zip Code 53547-0999
 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 ▼ 550.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.44501
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. EWING, PEGGY, L, MRS, JT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 999
 City JANESVILLE State WI Zip Code 53547-0999
 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 ▼ 550.00

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.48757
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
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 149 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EWING, PEGGY, L, MRS, JT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 999
 City JANESVILLE State WI Zip Code 53547-0999
 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 ▼ 550.00

Date of Receipt
 08 / 11 / 2023
Transaction ID : SA11A.48758
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. EWING, PEGGY, L, MRS, JT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 999
 City JANESVILLE State WI Zip Code 53547-0999
 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 ▼ 550.00

Date of Receipt
 12 / 21 / 2023
Transaction ID : SA11A.51242
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

C. EWING, PEGGY, L, MRS, JT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 999
 City JANESVILLE State WI Zip Code 53547-0999
 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 ▼ 550.00

Date of Receipt
 09 / 18 / 2023
Transaction ID : SA11A.55533
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
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 150 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EYHERABIDE, JUANITA, , MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5284 KENT DR
 City BAKERSFIELD State CA Zip Code 93306-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : SA11A.49282
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

B. EYHERABIDE, JUANITA, , MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5284 KENT DR
 City BAKERSFIELD State CA Zip Code 93306-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : SA11A.52339
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. EYHERABIDE, JUANITA, , MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5284 KENT DR
 City BAKERSFIELD State CA Zip Code 93306-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023
Transaction ID : SA11A.56092
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
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 151 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FABRIZIO, CHRISTOPHER, R, MR, TTEE

Mailing Address **4 FOREST HILLS DR**

City FARMINGTON	State CT	Zip Code 06032-3000
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 10 / 2023

Transaction ID : SA11A.48800

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FABRIZIO, CHRISTOPHER, R, MR, TTEE

Mailing Address **4 FOREST HILLS DR**

City FARMINGTON	State CT	Zip Code 06032-3000
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2023

Transaction ID : SA11A.48801

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FABRIZIO, CHRISTOPHER, R, MR, TTEE

Mailing Address **4 FOREST HILLS DR**

City FARMINGTON	State CT	Zip Code 06032-3000
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 07 / 2023

Transaction ID : SA11A.51275

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 639
	(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

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FABRIZIO, CHRISTOPHER, R, MR, TTEE

Mailing Address **4 FOREST HILLS DR**

City FARMINGTON	State CT	Zip Code 06032-3000
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
12 / 20 / 2023

Transaction ID : SA11A.51276

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FABRIZIO, CHRISTOPHER, R, MR, TTEE

Mailing Address **4 FOREST HILLS DR**

City FARMINGTON	State CT	Zip Code 06032-3000
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
09 / 18 / 2023

Transaction ID : SA11A.55566

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FADER, MICHAEL, G, MR, JR TTEE

Mailing Address **3255 VANDERBILT BEACH RD UNIT 101**

City NAPLES	State FL	Zip Code 34109-3401
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 09 / 2023

Transaction ID : SA11A.48514

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FADER, MICHAEL, G, MR, JR TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3255 VANDERBILT BEACH RD UNIT 101
 City NAPLES State FL Zip Code 34109-3401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.51078
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

B. FALKENSTEIN, GWENDOLYN, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 SHERWOOD DR
 City CARLISLE State PA Zip Code 17013-3584
 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 ▼ 274.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.43440
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. FALKENSTEIN, GWENDOLYN, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 SHERWOOD DR
 City CARLISLE State PA Zip Code 17013-3584
 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 ▼ 274.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.58257
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 154 OF 639
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.51704

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023

Transaction ID : SA11A.51705

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.54812

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	111.00
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 155 OF 639

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.54813

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2023

Transaction ID : SA11A.62374

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FARRELL, JEAN, L, MS,

Mailing Address 7905 KENDRA LN

City NORTH RICHLAND HIL	State TX	Zip Code 76182-8711
----------------------------	-------------	------------------------

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 ▼
269.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023

Transaction ID : SA11A.62375

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	124.00
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 156 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FARRELL, JEAN, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 KENDRA LN
 City NORTH RICHLAND HIL State TX Zip Code 76182-8711
 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 ▼ 269.00

Date of Receipt 11 / 14 / 2023
Transaction ID : SA11A.62376
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

B. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) X-STEEL AND UTILITY WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.00

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.47653
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) X-STEEL AND UTILITY WORKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 557.00

Date of Receipt 09 / 27 / 2023
Transaction ID : SA11A.54596
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 157 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) X-STEEL AND UTILITY WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.58589
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

B. FAUST, ANNE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7040 GOSHEN RD
 City NEWTOWN SQUARE State PA Zip Code 19073-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.44470
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. FAUST, ANNE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7040 GOSHEN RD
 City NEWTOWN SQUARE State PA Zip Code 19073-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.55487
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5575.00
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 158 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FEHR, STEVE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1281 COUNTY ROAD 1300 E
 City EUREKA State IL Zip Code 61530-9585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023
Transaction ID : SA11A.50727
 Amount of Each Receipt this Period
 250.00
 Memo Item
CONTRIBUTION

B. FEINGOLD, FRANCES, L, MRS, ITF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12472 LARIMER AVE
 City IRWIN State PA Zip Code 15642-1346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023
Transaction ID : SA11A.47798
 Amount of Each Receipt this Period
 40.00
 Memo Item
CONTRIBUTION

C. FEINGOLD, FRANCES, L, MRS, ITF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12472 LARIMER AVE
 City IRWIN State PA Zip Code 15642-1346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2023
Transaction ID : SA11A.47799
 Amount of Each Receipt this Period
 40.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	330.00
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 159 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FEINGOLD, FRANCES, L, MRS, ITF		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 18 / 2023 Transaction ID : SA11A.51605
Mailing Address 12472 LARIMER AVE		Amount of Each Receipt this Period 100.00
City IRWIN	State PA	Zip Code 15642-1346
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FEINGOLD, FRANCES, L, MRS, ITF		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2023 Transaction ID : SA11A.58734
Mailing Address 12472 LARIMER AVE		Amount of Each Receipt this Period 20.00
City IRWIN	State PA	Zip Code 15642-1346
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FEINGOLD, FRANCES, L, MRS, ITF		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2023 Transaction ID : SA11A.58735
Mailing Address 12472 LARIMER AVE		Amount of Each Receipt this Period 40.00
City IRWIN	State PA	Zip Code 15642-1346
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....	160.00
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 160 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FEINGOLD, FRANCES, L, MRS, ITF
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12472 LARIMER AVE
 City IRWIN State PA Zip Code 15642-1346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.62289
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. FINLEY, MARJORIE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 W MAPLE ST
 City SUTTON State NE Zip Code 68979-2016
 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 ▼ 349.00

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.44079
 Amount of Each Receipt this Period 65.00
 Memo Item
CONTRIBUTION

C. FISH, LORNA, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 W PICKERING BND
 City RICHBORO State PA Zip Code 18954-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA11A.53478
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 161 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FISHER, DANIEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3339 SUMMER BREEZE CIR
 City INDIANAPOLIS State IN Zip Code 46239-8569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.57945
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. FLORANCE, RICHARD, H, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 W WALLCRAFT AVE
 City TAMPA State FL Zip Code 33611-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S.AIR FORCE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.42491
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. FLORANCE, RICHARD, H, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 W WALLCRAFT AVE
 City TAMPA State FL Zip Code 33611-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S.AIR FORCE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45982
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FLORANCE, RICHARD, H, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3414 W WALLCRAFT AVE
 City TAMPA State FL Zip Code 33611-1949
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S.AIR FORCE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53141
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

B. FLOYD, RONNIE, D, CMSGT, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15314 SPRING FLS
 City SAN ANTONIO State TX Zip Code 78247-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S.A.F. Occupation (for Individual) RETIRED USAF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 509.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.44861
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. FLOYD, RONNIE, D, CMSGT, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15314 SPRING FLS
 City SAN ANTONIO State TX Zip Code 78247-5407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U.S.A.F. Occupation (for Individual) RETIRED USAF
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 509.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.56339
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 163 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. FLOYD, RONNIE, D, CMSGT, USAF RET

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

Mailing Address 15314 SPRING FLS

City SAN ANTONIO	State TX	Zip Code 78247-5407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) U.S.A.F.	Occupation (for Individual) RETIRED USAF
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
509.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2023

Transaction ID : SA11A.56340

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. FLOYD, RONNIE, D, CMSGT, USAF RET

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

Mailing Address 15314 SPRING FLS

City SAN ANTONIO	State TX	Zip Code 78247-5407
---------------------	-------------	------------------------

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

Name of Employer (for Individual) U.S.A.F.	Occupation (for Individual) RETIRED USAF
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
509.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023

Transaction ID : SA11A.60251

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. FORSTER, RICHARDA, JEAN, MS,

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

Mailing Address W4241 FORSTER RD

City DURAND	State WI	Zip Code 54736-4917
----------------	-------------	------------------------

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 ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023

Transaction ID : SA11A.45048

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	174.00
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 164 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FORSTER, RICHARDA, JEAN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4241 FORSTER RD
 City DURAND State WI Zip Code 54736-4917
 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 ▼ 248.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45049
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

B. FORSTER, RICHARDA, JEAN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4241 FORSTER RD
 City DURAND State WI Zip Code 54736-4917
 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 ▼ 248.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.49229
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. FORSTER, RICHARDA, JEAN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4241 FORSTER RD
 City DURAND State WI Zip Code 54736-4917
 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 ▼ 248.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.52285
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	94.00
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 165 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FORSTER, RICHARDA, JEAN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4241 FORSTER RD
 City DURAND State WI Zip Code 54736-4917
 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 ▼ 248.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.56025
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

B. FORSTER, RICHARDA, JEAN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4241 FORSTER RD
 City DURAND State WI Zip Code 54736-4917
 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 ▼ 248.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA11A.60992
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

C. FOX, THEODORE, C, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 DERESCH ST
 City ANTIGO State WI Zip Code 54409-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 06 / 2023
Transaction ID : SA11A.50825
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 166 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FOX, THEODORE, C, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 DERESCH ST
 City ANTIGO State WI Zip Code 54409-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 18 / 2023**
Transaction ID : SA11A.50826
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. FOX, THEODORE, C, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 DERESCH ST
 City ANTIGO State WI Zip Code 54409-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **11 / 27 / 2023**
Transaction ID : SA11A.62008
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. FRETTER, JOHN, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 EDGEWATER DR APT 907
 City LAKEWOOD State OH Zip Code 44107-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 05 / 2023**
Transaction ID : SA11A.42624
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FRETTER, JOHN, E, MR,

Mailing Address **PO BOX 770074**

City LAKEWOOD	State OH	Zip Code 44107-0013
-------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
08 / 28 / 2023

Transaction ID : SA11A.47071

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FRETTER, JOHN, E, MR,

Mailing Address **12500 EDGEWATER DR APT 907**

City LAKEWOOD	State OH	Zip Code 44107-1601
-------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 04 / 2023

Transaction ID : SA11A.50056

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. FRETTER, JOHN, E, MR,

Mailing Address **12500 EDGEWATER DR APT 907**

City LAKEWOOD	State OH	Zip Code 44107-1601
-------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 18 / 2023

Transaction ID : SA11A.50057

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 168 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FRETTER, JOHN, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12500 EDGEWATER DR APT 907
 City LAKEWOOD State OH Zip Code 44107-1601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53310
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. GALLIHER, RICKYE, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6765 RAINIER CT
 City RIVERSIDE State CA Zip Code 92506-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11A.48526
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

C. GALLIHER, RICKYE, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6765 RAINIER CT
 City RIVERSIDE State CA Zip Code 92506-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 334.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.51082
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 169 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GALLIHER, RICKYE, LEE, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6765 RAINIER CT
 City RIVERSIDE State CA Zip Code 92506-3900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 334.00

Date of Receipt 10 / 26 / 2023
Transaction ID : SA11A.59480
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. GALLO, ELIZABETH, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8350 FAIR OAKS BLVD APT 328
 City CARMICHAEL State CA Zip Code 95608-1978
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.44186
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. GARBER, GARY, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 SILVERWOOD CIR
 City REEDS SPRING State MO Zip Code 65737-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 23 / 2023
Transaction ID : SA11A.45619
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
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 170 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GARBER, GARY, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 SILVERWOOD CIR
 City REEDS SPRING State MO Zip Code 65737-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023
Transaction ID : SA11A.56636
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. GARLICK, KAREN, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6481 N LEAD AVE
 City FRESNO State CA Zip Code 93711-1028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL USD Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023
Transaction ID : SA11A.47065
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. GARLICK, KAREN, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6481 N LEAD AVE
 City FRESNO State CA Zip Code 93711-1028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CENTRAL USD Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023
Transaction ID : SA11A.50634
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GATES, DELORES, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.44988
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

B. GATES, DELORES, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 08 / 2023
Transaction ID : SA11A.52234
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

C. GATES, DELORES, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.52235
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 172 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GAYLER, WILLIAM, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10015 STATE RD 7

City BOYNTON BEACH	State FL	Zip Code 33473-4700
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2023

Transaction ID : SA11A.52731

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. GEHRING, MARGERY, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10404 LAKE LOUISA RD

City CLERMONT	State FL	Zip Code 34711-8937
------------------	-------------	------------------------

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

Name of Employer (for Individual) VILLAGE ORYANDS LLC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

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

Transaction ID : SA11A.42881

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. GEHRING, MARGERY, E, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10404 LAKE LOUISA RD

City CLERMONT	State FL	Zip Code 34711-8937
------------------	-------------	------------------------

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

Name of Employer (for Individual) VILLAGE ORYANDS LLC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

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

Transaction ID : SA11A.42882

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 173 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GEHRING, MARGERY, E, MRS,			Date of Receipt MM / DD / YYYY 08 / 29 / 2023
Mailing Address 10404 LAKE LOUISA RD			Transaction ID : SA11A.46552
City CLERMONT	State FL	Zip Code 34711-8937	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) VILLAGE ORYANDS LLC	Occupation (for Individual) BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GEHRING, MARGERY, E, MRS,			Date of Receipt MM / DD / YYYY 09 / 25 / 2023
Mailing Address 10404 LAKE LOUISA RD			Transaction ID : SA11A.53628
City CLERMONT	State FL	Zip Code 34711-8937	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) VILLAGE ORYANDS LLC	Occupation (for Individual) BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GEHRING, MARGERY, E, MRS,			Date of Receipt MM / DD / YYYY 11 / 01 / 2023
Mailing Address 10404 LAKE LOUISA RD			Transaction ID : SA11A.61456
City CLERMONT	State FL	Zip Code 34711-8937	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) VILLAGE ORYANDS LLC	Occupation (for Individual) BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 174 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GENTRY, JAMES, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3396 SAYBROOK RD
 City SPRINGFIELD State OH Zip Code 45505-3562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.49860
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. GENTRY, JAMES, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3396 SAYBROOK RD
 City SPRINGFIELD State OH Zip Code 45505-3562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023
Transaction ID : SA11A.56970
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. GEOFFRION, RICHARD, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2271 CALLAWAY DR
 City THE VILLAGES State FL Zip Code 32162-4389
 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 ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023
Transaction ID : SA11A.47082
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 175 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEOFFRION, RICHARD, P, MR,
Mailing Address 2271 CALLAWAY DR

City THE VILLAGES	State FL	Zip Code 32162-4389
----------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023
Transaction ID : SA11A.50646

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEOFFRION, RICHARD, P, MR,
Mailing Address 2271 CALLAWAY DR

City THE VILLAGES	State FL	Zip Code 32162-4389
----------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023
Transaction ID : SA11A.54118

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEOFFRION, RICHARD, P, MR,
Mailing Address 2271 CALLAWAY DR

City THE VILLAGES	State FL	Zip Code 32162-4389
----------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2023
Transaction ID : SA11A.54119

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEOFFRION, RICHARD, P, MR,

Mailing Address 2271 CALLAWAY DR

City THE VILLAGES	State FL	Zip Code 32162-4389
----------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2023

Transaction ID : SA11A.58091

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GEOFFRION, RICHARD, P, MR,

Mailing Address 2271 CALLAWAY DR

City THE VILLAGES	State FL	Zip Code 32162-4389
----------------------	-------------	------------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2023

Transaction ID : SA11A.61807

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 1638 CASE DR

City UNION CITY	State MI	Zip Code 49094-9347
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2023

Transaction ID : SA11A.41893

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	234.00
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 177 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GEORGE, JAMES, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1638 CASE DR

City UNION CITY	State MI	Zip Code 49094-9347
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2023

Transaction ID : SA11A.45207

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. GEORGE, JAMES, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1638 CASE DR

City UNION CITY	State MI	Zip Code 49094-9347
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

Transaction ID : SA11A.49344

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. GERBRACHT, JON, A, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 517 POINT FIELD DR

City MILLERSVILLE	State MD	Zip Code 21108-2052
----------------------	-------------	------------------------

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

Name of Employer (for Individual) RETIRED GOV (INTEL COMMUNITY)	Occupation (for Individual) ELECTRICAL ENGINEER BS,MS,PHD
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2023

Transaction ID : SA11A.49956

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GERMAIN, NANCY, C, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4833 LYNNIE LN
 City FALLON State NV Zip Code 89406-8331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.48184
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

B. GERO, LEONARD, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 S HOLLOWES CT
 City EAST NORWICH State NY Zip Code 11732-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 11 / 2023
Transaction ID : SA11A.46013
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. GERO, LEONARD, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 S HOLLOWES CT
 City EAST NORWICH State NY Zip Code 11732-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 15 / 2023
Transaction ID : SA11A.53163
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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 179 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GIBSON, DOROTHY, L, MS,

Mailing Address 395 N GOLF HARBOR PATH

City INVERNESS	State FL	Zip Code 34450-1958
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.42865

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GIBSON, DOROTHY, L, MS,

Mailing Address 395 N GOLF HARBOR PATH

City INVERNESS	State FL	Zip Code 34450-1958
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.46524

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GIBSON, DOROTHY, L, MS,

Mailing Address 395 N GOLF HARBOR PATH

City INVERNESS	State FL	Zip Code 34450-1958
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.50306

Amount of Each Receipt this Period
70.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 180 OF 639
(check only one)

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

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GIBSON, DOROTHY, L, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 395 N GOLF HARBOR PATH

City INVERNESS	State FL	Zip Code 34450-1958
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2023

Transaction ID : SA11A.61428

Amount of Each Receipt this Period
70.00

Memo Item
CONTRIBUTION

B. GILLILAND, GOLLA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3270 BRELAND RD

City MATHISTON	State MS	Zip Code 39752-5530
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
322.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2023

Transaction ID : SA11A.48289

Amount of Each Receipt this Period
105.00

Memo Item
CONTRIBUTION

C. GILLOGLY, SIMONE, R, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 N PALISADE DR

City SANTA MARIA	State CA	Zip Code 93454-4818
---------------------	-------------	------------------------

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 ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2023

Transaction ID : SA11A.41926

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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 181 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GILLOGLY, SIMONE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 N PALISADE DR
 City SANTA MARIA State CA Zip Code 93454-4818
 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 ▼ 202.00

Date of Receipt **12 / 20 / 2023**
Transaction ID : SA11A.49393
 Amount of Each Receipt this Period 30.00
 Memo Item
CONTRIBUTION

B. GILLOGLY, SIMONE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 N PALISADE DR
 City SANTA MARIA State CA Zip Code 93454-4818
 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 ▼ 202.00

Date of Receipt **09 / 07 / 2023**
Transaction ID : SA11A.52457
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. GILLOGLY, SIMONE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 N PALISADE DR
 City SANTA MARIA State CA Zip Code 93454-4818
 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 ▼ 202.00

Date of Receipt **10 / 10 / 2023**
Transaction ID : SA11A.56217
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 182 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GILLOGLY, SIMONE, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 N PALISADE DR
 City SANTA MARIA State CA Zip Code 93454-4818
 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 ▼ 202.00

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11A.60155
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

B. GLERUP, GEORGE, E, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 340
 City VALE State OR Zip Code 97918-0340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42685
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GLOECKNER, DAVID, H, DR, PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 SOVEREIGN WAY
 City HUTCHINSON ISLAND State FL Zip Code 34949-8359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED PHYSICIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.47744
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	315.00
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 183 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GLOECKNER, DAVID, H, DR, PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 SOVEREIGN WAY
 City HUTCHINSON ISLAND State FL Zip Code 34949-8359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 12 / 21 / 2023
Transaction ID : SA11A.51562
 Amount of Each Receipt this Period 70.00
 Memo Item
 CONTRIBUTION

B. GLOECKNER, DAVID, H, DR, PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 SOVEREIGN WAY
 City HUTCHINSON ISLAND State FL Zip Code 34949-8359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED PHYSICIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11A.54681
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 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 ▼ 800.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45194
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	205.00
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 184 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 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 ▼ 800.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45195
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 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 ▼ 800.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.49331
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 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 ▼ 800.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.56153
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 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 ▼ 800.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.61100
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. GOETSCH, KATHRYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 ULMERTON RD LOT 215
 City LARGO State FL Zip Code 33774-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PUBLIX SUPER MARKET Occupation (for Individual) FRONT SERVICE CLERK (BAGGER)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.46241
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

C. GOETSCH, KATHRYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 ULMERTON RD LOT 215
 City LARGO State FL Zip Code 33774-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PUBLIX SUPER MARKET Occupation (for Individual) FRONT SERVICE CLERK (BAGGER)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.46242
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 186 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GOETSCH, KATHRYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12501 ULMERTON RD LOT 215

City LARGO	State FL	Zip Code 33774-2736
---------------	-------------	------------------------

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

Name of Employer (for Individual) PUBLIX SUPER MARKET	Occupation (for Individual) FRONT SERVICE CLERK (BAGGER) F
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.53365

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. GOETSCH, KATHRYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12501 ULMERTON RD LOT 215

City LARGO	State FL	Zip Code 33774-2736
---------------	-------------	------------------------

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

Name of Employer (for Individual) PUBLIX SUPER MARKET	Occupation (for Individual) FRONT SERVICE CLERK (BAGGER) F
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023

Transaction ID : SA11A.57286

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. GONZALEZ, ELENA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 NW 25TH AVE APT 405

City MIAMI	State FL	Zip Code 33125-3148
---------------	-------------	------------------------

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 ▼
262.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.44327

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 187 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GONZALEZ, ELENA, A, MS,			Date of Receipt MM / DD / YYYY 08 / 02 / 2023
Mailing Address 740 NW 25TH AVE APT 405			Transaction ID : SA11A.48534
City MIAMI	State FL	Zip Code 33125-3148	Amount of Each Receipt this Period 34.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GONZALEZ, ELENA, A, MS,			Date of Receipt MM / DD / YYYY 08 / 22 / 2023
Mailing Address 740 NW 25TH AVE APT 405			Transaction ID : SA11A.48535
City MIAMI	State FL	Zip Code 33125-3148	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GONZALEZ, ELENA, A, MS,			Date of Receipt MM / DD / YYYY 09 / 08 / 2023
Mailing Address 740 NW 25TH AVE APT 405			Transaction ID : SA11A.55302
City MIAMI	State FL	Zip Code 33125-3148	Amount of Each Receipt this Period 47.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 262.00	

SUBTOTAL of Receipts This Page (optional).....	131.00
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 188 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GONZALEZ, ELENA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 NW 25TH AVE APT 405
 City MIAMI State FL Zip Code 33125-3148
 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 ▼ 262.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.55303
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

B. GONZALEZ, ELENA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 NW 25TH AVE APT 405
 City MIAMI State FL Zip Code 33125-3148
 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 ▼ 262.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.55304
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

C. GONZALEZ, FELIPE, C, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15012 N 27TH DR
 City PHOENIX State AZ Zip Code 85053-4908
 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 ▼ 272.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.41874
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 156.00
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 189 OF 639
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GONZALEZ, FELIPE, C, MR, SR

Mailing Address 15012 N 27TH DR

City PHOENIX	State AZ	Zip Code 85053-4908
-----------------	-------------	------------------------

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 ▼
272.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2023

Transaction ID : SA11A.52391

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GONZALEZ, FELIPE, C, MR, SR

Mailing Address 15012 N 27TH DR

City PHOENIX	State AZ	Zip Code 85053-4908
-----------------	-------------	------------------------

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 ▼
272.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2023

Transaction ID : SA11A.56137

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GONZALEZ, FELIPE, C, MR, SR

Mailing Address 15012 N 27TH DR

City PHOENIX	State AZ	Zip Code 85053-4908
-----------------	-------------	------------------------

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 ▼
272.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2023

Transaction ID : SA11A.61090

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	197.00
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 190 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GOODNOW, RUTH, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1452 HESTON PL
 City CROFTON State MD Zip Code 21114-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 03 / 2023**
Transaction ID : SA11A.42393
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. GOSSELIN, NORMAN, W, MR, USA RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 CLINE RD
 City SAINT ALBANS State VT Zip Code 05478-3107
 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 ▼ 203.00

Date of Receipt **08 / 03 / 2023**
Transaction ID : SA11A.45921
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

C. GOSSELIN, NORMAN, W, MR, USA RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 CLINE RD
 City SAINT ALBANS State VT Zip Code 05478-3107
 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 ▼ 203.00

Date of Receipt **08 / 18 / 2023**
Transaction ID : SA11A.45922
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	295.00
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 191 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GOSSELIN, NORMAN, W, MR, USA RET

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

Mailing Address 1724 CLINE RD

City SAINT ALBANS	State VT	Zip Code 05478-3107
----------------------	-------------	------------------------

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 ▼
203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.45923

Amount of Each Receipt this Period
29.00

Memo Item
CONTRIBUTION

B. GOSSELIN, NORMAN, W, MR, USA RET

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

Mailing Address 1724 CLINE RD

City SAINT ALBANS	State VT	Zip Code 05478-3107
----------------------	-------------	------------------------

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 ▼
203.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.53080

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. GRAHAM, WAYNE, , MR,

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

Mailing Address 16902 H CIR

City OMAHA	State NE	Zip Code 68135-2625
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023

Transaction ID : SA11A.41973

Amount of Each Receipt this Period
69.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	138.00
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 192 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GRAHAM, WAYNE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16902 H CIR
 City OMAHA State NE Zip Code 68135-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : SA11A.49434
 Amount of Each Receipt this Period
 69.00
 Memo Item
 CONTRIBUTION

B. GRAHAM, WAYNE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16902 H CIR
 City OMAHA State NE Zip Code 68135-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023
Transaction ID : SA11A.52521
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. GRAHAM, WAYNE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16902 H CIR
 City OMAHA State NE Zip Code 68135-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023
Transaction ID : SA11A.52522
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	169.00
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 193 OF 639
	<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
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.44962
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GREENWELL, ANGELA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 CARR DR
 City SPRING HILL State TN Zip Code 37174-7359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.43511
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. GREENWELL, ANGELA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 CARR DR
 City SPRING HILL State TN Zip Code 37174-7359
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.58347
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	497.00
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 194 OF 639
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GREEN, DUANE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1403 S SUNSET AVE
 City ROSWELL State NM Zip Code 88203-2626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023
Transaction ID : SA11A.61736
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. GREEN, ELIZABETH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 DEWBERRY DR
 City WHISPERING PINES State NC Zip Code 28327-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023
Transaction ID : SA11A.46858
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. GREEN, ELIZABETH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 DEWBERRY DR
 City WHISPERING PINES State NC Zip Code 28327-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023
Transaction ID : SA11A.50510
 Amount of Each Receipt this Period
 60.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	410.00
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 195 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GREEN, ELIZABETH, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 DEWBERRY DR
 City WHISPERING PINES State NC Zip Code 28327-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 265.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.53917
 Amount of Each Receipt this Period 60.00
 Memo Item
 CONTRIBUTION

B. GRIFFIN, ALFRED, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5411 SW 58TH AVE
 City DAVIE State FL Zip Code 33314-6623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.44971
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. GRIFFIN, ALFRED, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5411 SW 58TH AVE
 City DAVIE State FL Zip Code 33314-6623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 27 / 2023
Transaction ID : SA11A.49168
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 196 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GRIFFIN, ALFRED, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5411 SW 58TH AVE
 City DAVIE State FL Zip Code 33314-6623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 12 / 2023
Transaction ID : SA11A.55962
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.54068
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. GROOM, JOANNE, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29806 DUSTIN AVE
 City EASTON State MD Zip Code 21601-4898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.47372
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GROOM, JOANNE, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29806 DUSTIN AVE
 City EASTON State MD Zip Code 21601-4898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11A.47373
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. GROOM, JOANNE, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29806 DUSTIN AVE
 City EASTON State MD Zip Code 21601-4898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2023
Transaction ID : SA11A.61995
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. GRUBER, JOHN, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 N 9TH ST
 City LINCOLN State KS Zip Code 67455-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43923
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 198 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. GRUBER, JOHN, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 N 9TH ST
 City LINCOLN State KS Zip Code 67455-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.58900
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. GRUBER, JOHN, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 N 9TH ST
 City LINCOLN State KS Zip Code 67455-1503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.62401
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. GUELICH, ROBERT, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 SWEETWATER DR
 City SANDPOINT State ID Zip Code 83864-9210
 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 ▼ 1450.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.46291
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GUELICH, ROBERT, E, MR,		Date of Receipt MM / DD / YYYY 08 / 30 / 2023
Mailing Address 361 SWEETWATER DR		Transaction ID : SA11A.46292
City SANDPOINT	State ID ID	Zip Code 83864-9210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GUELICH, ROBERT, E, MR,		Date of Receipt MM / DD / YYYY 09 / 11 / 2023
Mailing Address 361 SWEETWATER DR		Transaction ID : SA11A.53407
City SANDPOINT	State ID ID	Zip Code 83864-9210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. GUELICH, ROBERT, E, MR,		Date of Receipt MM / DD / YYYY 11 / 24 / 2023
Mailing Address 361 SWEETWATER DR		Transaction ID : SA11A.61258
City SANDPOINT	State ID ID	Zip Code 83864-9210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 200 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GUNDERSON, NORMAN, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 403 W SAINT CHARLES AVE

City FERGUS FALLS State MN Zip Code 56537-3361

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 ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2023

Transaction ID : SA11A.46030

Amount of Each Receipt this Period
 49.00

Memo Item
 CONTRIBUTION

B. GUNDERSON, NORMAN, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 403 W SAINT CHARLES AVE

City FERGUS FALLS State MN Zip Code 56537-3361

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 ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.49952

Amount of Each Receipt this Period
 50.00

Memo Item
 CONTRIBUTION

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

Mailing Address 403 W SAINT CHARLES AVE

City FERGUS FALLS State MN Zip Code 56537-3361

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 ▼ 392.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.49953

Amount of Each Receipt this Period
 98.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 197.00

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 201 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GUNDERSON, NORMAN, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 W SAINT CHARLES AVE
 City FERGUS FALLS State MN Zip Code 56537-3361
 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 ▼ 392.00

Date of Receipt 09 / 15 / 2023
Transaction ID : SA11A.53179
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

B. HAGEARTY, CHARLES, B, REV,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 CARRIAGE DR
 City NAUGATUCK State CT Zip Code 06770-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2023
Transaction ID : SA11A.49337
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. HAJDU, NICHOLAS, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5906 CATINA ST
 City NEW ORLEANS State LA Zip Code 70124-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.52709
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	799.00
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 202 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HAKOLA, CAROLYN, H, MRS,			Date of Receipt
Mailing Address 1359 MARYLAND CT			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2023"/>
City SANFORD	State NC	Zip Code 27332-8314	Transaction ID : SA11A.50508
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HALE, FRANK, M, MR,			Date of Receipt
Mailing Address 5601 WILD OAK			<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City HARLINGEN	State TX	Zip Code 78552-2393	Transaction ID : SA11A.45803
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="539.47"/>
Name of Employer (for Individual) RIO ELEVATOR CO		Occupation (for Individual) CONTRACTS	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="539.47"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HALE, JERRY, L, MR,			Date of Receipt
Mailing Address 680 8TH ST SW			<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City BANDON	State OR	Zip Code 97411-9604	Transaction ID : SA11A.55731
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1039.47"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 1014 SCRATCH GRAVEL RD

City IVANHOE State VA Zip Code 24350-3583

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 ▼
287.00

Date of Receipt
08 / 24 / 2023

Transaction ID : SA11A.47600

Amount of Each Receipt this Period
160.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HALL, JAMES, A, MR,

Mailing Address 1014 SCRATCH GRAVEL RD

City IVANHOE State VA Zip Code 24350-3583

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 ▼
287.00

Date of Receipt
08 / 24 / 2023

Transaction ID : SA11A.47601

Amount of Each Receipt this Period
80.00

Memo Item
CONTRIBUTION

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

Mailing Address 1014 SCRATCH GRAVEL RD

City IVANHOE State VA Zip Code 24350-3583

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 ▼
287.00

Date of Receipt
10 / 10 / 2023

Transaction ID : SA11A.58550

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	287.00
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 204 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HALLETT, EUGENE, R, MR, III		Date of Receipt MM / DD / YYYY 07 / 17 / 2023
Mailing Address 14295 ASHTON LN		Transaction ID : SA11A.41807
City RIVERSIDE	State CA	Zip Code 92508-8875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HALLETT, EUGENE, R, MR, III		Date of Receipt MM / DD / YYYY 08 / 30 / 2023
Mailing Address 14295 ASHTON LN		Transaction ID : SA11A.45087
City RIVERSIDE	State CA	Zip Code 92508-8875
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HAMEL, CHARLES, R, MR,		Date of Receipt MM / DD / YYYY 07 / 10 / 2023
Mailing Address 3000 SUNSET LN		Transaction ID : SA11A.42074
City ARLINGTON	State TX	Zip Code 76016-5931
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 205 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAMEL, CHARLES, R, MR,

Mailing Address 3000 SUNSET LN

City ARLINGTON	State TX	Zip Code 76016-5931
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2023

Transaction ID : SA11A.45430

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAMEL, CHARLES, R, MR,

Mailing Address 3000 SUNSET LN

City ARLINGTON	State TX	Zip Code 76016-5931
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2023

Transaction ID : SA11A.49535

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAMEL, CHARLES, R, MR,

Mailing Address 3000 SUNSET LN

City ARLINGTON	State TX	Zip Code 76016-5931
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2023

Transaction ID : SA11A.56442

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
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 206 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HAMILTON, MATTHEW, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1630 LIHOLIHO ST APT 609
 City HONOLULU State HI Zip Code 96822-2925
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.45983
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. HAMRICK, PEGGY, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3324 W 19TH AVE TRLR 101
 City KENNEWICK State WA Zip Code 99338-2292
 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 ▼ 350.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.49192
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. HAMRICK, PEGGY, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3324 W 19TH AVE TRLR 101
 City KENNEWICK State WA Zip Code 99338-2292
 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 ▼ 350.00

Date of Receipt 11 / 27 / 2023
Transaction ID : SA11A.60960
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 207 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HANCOCK, JAMES, M, MR, JR

Mailing Address 12330 SCARCELLA LN

City MEADOWS PLACE	State TX	Zip Code 77477-1610
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023

Transaction ID : SA11A.49370

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HANCOCK, JAMES, M, MR, JR

Mailing Address 12330 SCARCELLA LN

City MEADOWS PLACE	State TX	Zip Code 77477-1610
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.52437

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HANSON, PETER, M, MR,

Mailing Address N7508 1ST AVE

City WESTFIELD	State WI	Zip Code 53964-8103
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.44653

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	525.00
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 208 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HANSON, PETER, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N7508 1ST AVE
 City WESTFIELD State WI Zip Code 53964-8103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.55686
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

B. HARDING, TIM, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15696 HARDING RD
 City BRYAN State TX Zip Code 77807-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) DITCH DIGGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 18 / 2023
Transaction ID : SA11A.41794
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. HARDING, TIM, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15696 HARDING RD
 City BRYAN State TX Zip Code 77807-4121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) DITCH DIGGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.52304
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 209 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HARLAN, FLOYD, L, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1747 TOLLHOUSE LN
 City CLOVIS State CA Zip Code 93611-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMER Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45977
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. HARLAN, FLOYD, L, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1747 TOLLHOUSE LN
 City CLOVIS State CA Zip Code 93611-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMER Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.45978
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. HARMON, RICHARD, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 SILVER FOX LN
 City PISGAH FOREST State NC Zip Code 28768-9721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RAYTHON CRMNACE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 07 / 21 / 2023
Transaction ID : SA11A.42408
 Amount of Each Receipt this Period 49.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	199.00
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 210 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARMON, RICHARD, P, MR,

Mailing Address 145 SILVER FOX LN

City PISGAH FOREST	State NC	Zip Code 28768-9721
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2023

Transaction ID : SA11A.45873

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARMON, RICHARD, P, MR,

Mailing Address 145 SILVER FOX LN

City PISGAH FOREST	State NC	Zip Code 28768-9721
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2023

Transaction ID : SA11A.49825

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARMON, RICHARD, P, MR,

Mailing Address 145 SILVER FOX LN

City PISGAH FOREST	State NC	Zip Code 28768-9721
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2023

Transaction ID : SA11A.60676

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75.00
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 211 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, MARY, ANNE, MISS,

Mailing Address 103 BOGEY CT

City WAXAHACHIE	State TX	Zip Code 75165-1618
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.53866

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARRIS, MARY, ANNE, MISS,

Mailing Address 103 BOGEY CT

City WAXAHACHIE	State TX	Zip Code 75165-1618
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023

Transaction ID : SA11A.57839

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.42786

Amount of Each Receipt this Period
19.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	319.00
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 212 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023

Transaction ID : SA11A.46430

Amount of Each Receipt this Period
19.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023

Transaction ID : SA11A.46431

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023

Transaction ID : SA11A.50241

Amount of Each Receipt this Period
19.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	58.00
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 213 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023

Transaction ID : SA11A.53522

Amount of Each Receipt this Period
19.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023

Transaction ID : SA11A.61358

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

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

Mailing Address 58 INDIAN SPRING RD

City MILTON	State MA	Zip Code 02186-3719
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2023

Transaction ID : SA11A.61359

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	54.00
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 214 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HARRISON, RALPH, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 4276**

City **VENTURA** State **CA** Zip Code **93007-0276**

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

Name of Employer (for Individual) **SELF** Occupation (for Individual) **EXECUTIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 20 / 2023**

Transaction ID : SA11A.43459

Amount of Each Receipt this Period **250.00**

Memo Item
CONTRIBUTION

B. HARTY, JANE, K, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **6766 GREENVIEW LN**

City **ENGLEWOOD** State **FL** Zip Code **34224-7671**

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 ▼ **231.00**

Date of Receipt **09 / 28 / 2023**

Transaction ID : SA11A.54952

Amount of Each Receipt this Period **47.00**

Memo Item
CONTRIBUTION

C. HARTY, JANE, K, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **6766 GREENVIEW LN**

City **ENGLEWOOD** State **FL** Zip Code **34224-7671**

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 ▼ **231.00**

Date of Receipt **10 / 11 / 2023**

Transaction ID : SA11A.59011

Amount of Each Receipt this Period **50.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **347.00**

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 215 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARTY, JANE, K, MS,

Mailing Address 6766 GREENVIEW LN

City ENGLEWOOD	State FL	Zip Code 34224-7671
-------------------	-------------	------------------------

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 ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2023

Transaction ID : SA11A.62485

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARTY, JANE, K, MS,

Mailing Address 6766 GREENVIEW LN

City ENGLEWOOD	State FL	Zip Code 34224-7671
-------------------	-------------	------------------------

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 ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2023

Transaction ID : SA11A.62486

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HASSOLDT, WILLIAM, F, MR,

Mailing Address 10 PINE TREE LN

City ROLLING HILLS	State CA	Zip Code 90274-5012
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023

Transaction ID : SA11A.53271

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	384.00
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 216 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATCHER, MAXIE, R, MR,

Mailing Address 380 POYNTERS LN

City CAVE CITY	State KY	Zip Code 42127-9206
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : SA11A.51241

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATCHER, MAXIE, R, MR,

Mailing Address 380 POYNTERS LN

City CAVE CITY	State KY	Zip Code 42127-9206
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA11A.55532

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATCHER, MAXIE, R, MR,

Mailing Address 380 POYNTERS LN

City CAVE CITY	State KY	Zip Code 42127-9206
-------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023

Transaction ID : SA11A.59730

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 217 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HATCHER, MAXIE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 POYNTERS LN
 City CAVE CITY State KY Zip Code 42127-9206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2023
Transaction ID : SA11A.63013
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. HATHEWAY, ROBERT, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 E 34TH ST
 City ERIE State PA Zip Code 16504-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2023
Transaction ID : SA11A.43449
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. HATHEWAY, ROBERT, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 E 34TH ST
 City ERIE State PA Zip Code 16504-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2023
Transaction ID : SA11A.43450
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 218 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATHEWAY, ROBERT, R, MR,

Mailing Address 828 E 34TH ST

City ERIE	State PA	Zip Code 16504-1712
--------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.50779

Amount of Each Receipt this Period
120.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATHEWAY, ROBERT, R, MR,

Mailing Address 828 E 34TH ST

City ERIE	State PA	Zip Code 16504-1712
--------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : SA11A.50780

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HATHEWAY, ROBERT, R, MR,

Mailing Address 828 E 34TH ST

City ERIE	State PA	Zip Code 16504-1712
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.54291

Amount of Each Receipt this Period
110.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	380.00
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 219 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HATHEWAY, ROBERT, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 E 34TH ST
 City ERIE State PA Zip Code 16504-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.58272
 Amount of Each Receipt this Period 120.00
 Memo Item
 CONTRIBUTION

B. HAWKINS, JACK, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 MCKINNEY AVE STE 1600
 City DALLAS State TX Zip Code 75201-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 FOLET LARDAER LLC ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.41930
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. HAY, HENRY, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2351 270TH AVE
 City WALNUT GROVE State MN Zip Code 56180-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.46987
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	670.00
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 220 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAY, HENRY, W, MR,

Mailing Address 2351 270TH AVE

City WALNUT GROVE	State MN	Zip Code 56180-9367
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
12 / 08 / 2023

Transaction ID : SA11A.50587

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAY, HENRY, W, MR,

Mailing Address 2351 270TH AVE

City WALNUT GROVE	State MN	Zip Code 56180-9367
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
12 / 19 / 2023

Transaction ID : SA11A.50588

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAY, HENRY, W, MR,

Mailing Address 2351 270TH AVE

City WALNUT GROVE	State MN	Zip Code 56180-9367
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt
10 / 13 / 2023

Transaction ID : SA11A.58008

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	90.00
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 221 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HAY, HENRY, W, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2351 270TH AVE

City WALNUT GROVE	State MN	Zip Code 56180-9367
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023

Transaction ID : SA11A.61745

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. HECKERT, DAVID, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8880 SUGARLOAF RD

City BOULDER	State CO	Zip Code 80302-9201
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2023

Transaction ID : SA11A.43881

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. HECKERT, DAVID, F, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8880 SUGARLOAF RD

City BOULDER	State CO	Zip Code 80302-9201
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.47920

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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 222 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HEINS, RUTH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4926 FOND DU LAC TRL
 City MADISON State WI Zip Code 53705-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.52714
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

B. HEJDONECK, BARBARA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23W040 MULBERRY LN
 City GLEN ELLYN State IL Zip Code 60137-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2023
Transaction ID : SA11A.48485
 Amount of Each Receipt this Period
 20.00
 Memo Item
 CONTRIBUTION

C. HEJDONECK, BARBARA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23W040 MULBERRY LN
 City GLEN ELLYN State IL Zip Code 60137-7219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2023
Transaction ID : SA11A.48486
 Amount of Each Receipt this Period
 10.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	330.00
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 223 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HEJDONECK, BARBARA, L, MS,
Mailing Address 23W040 MULBERRY LN

City GLEN ELLYN State IL Zip Code 60137-7219

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 302.00

Date of Receipt
12 / 04 / 2023
Transaction ID : SA11A.52060

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HEJDONECK, BARBARA, L, MS,
Mailing Address 23W040 MULBERRY LN

City GLEN ELLYN State IL Zip Code 60137-7219

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 302.00

Date of Receipt
12 / 21 / 2023
Transaction ID : SA11A.52061

Amount of Each Receipt this Period
47.00

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HEJDONECK, BARBARA, L, MS,
Mailing Address 23W040 MULBERRY LN

City GLEN ELLYN State IL Zip Code 60137-7219

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 302.00

Date of Receipt
10 / 16 / 2023
Transaction ID : SA11A.59441

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 147.00

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 224 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2023

Transaction ID : SA11A.47569

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2023

Transaction ID : SA11A.47570

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
353.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2023

Transaction ID : SA11A.47571

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	119.00
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 225 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023
Transaction ID : SA11A.47572

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023
Transaction ID : SA11A.47573

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023
Transaction ID : SA11A.54529

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	89.00
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 226 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2023
Transaction ID : SA11A.58527

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HELLRUNG, WILLIAM, J, MR,
Mailing Address 2734 CUNARD ST

City LOS ANGELES	State CA	Zip Code 90065-4636
---------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023
Transaction ID : SA11A.58528

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENDERSON, BRUCE, T, DR, M.D.
Mailing Address 3730 BURNING TREE DR

City BLOOMFIELD HILLS	State MI	Zip Code 48302-1515
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF	Occupation (for Individual) SURGEON
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023
Transaction ID : SA11A.45305

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	420.00
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 227 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HENDRICKS, MARY, B, MRS, TTEE		Date of Receipt
Mailing Address 5301 CREEDMOOR RD APT 305		<input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2023"/>
City RALEIGH	State NC	Zip Code 27612-3826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.44591
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="90.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1353.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HENDRICKS, MARY, B, MRS, TTEE		Date of Receipt
Mailing Address 5301 CREEDMOOR RD APT 305		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2023"/>
City RALEIGH	State NC	Zip Code 27612-3826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.44592
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1353.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HENDRICKS, MARY, B, MRS, TTEE		Date of Receipt
Mailing Address 5301 CREEDMOOR RD APT 305		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2023"/>
City RALEIGH	State NC	Zip Code 27612-3826
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.51339
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1353.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="490.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HENDRICKS, MARY, B, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 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 ▼ 1353.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : SA11A.54528
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

B. HENDRICKS, MARY, B, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 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 ▼ 1353.00

Date of Receipt **11 / 03 / 2023**
Transaction ID : SA11A.63134
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

C. HENDRICKS, MARY, B, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 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 ▼ 1353.00

Date of Receipt **11 / 20 / 2023**
Transaction ID : SA11A.63135
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 229 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENOCH, BARBARA, , MRS,

Mailing Address 211 2ND ST NW APT 2-209

City ROCHESTER	State MN	Zip Code 55901-2807
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2023

Transaction ID : SA11A.42574

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENOCH, BARBARA, , MRS,

Mailing Address 211 2ND ST NW APT 2-209

City ROCHESTER	State MN	Zip Code 55901-2807
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.50008

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENOCH, BARBARA, , MRS,

Mailing Address 211 2ND ST NW APT 2-209

City ROCHESTER	State MN	Zip Code 55901-2807
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.53247

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENOCH, BARBARA, , MRS,
Mailing Address 211 2ND ST NW APT 2-209

City ROCHESTER	State MN	Zip Code 55901-2807
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023
Transaction ID : SA11A.57163

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENOCH, BARBARA, , MRS,
Mailing Address 211 2ND ST NW APT 2-209

City ROCHESTER	State MN	Zip Code 55901-2807
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2023
Transaction ID : SA11A.61130

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HENSLEY, MARGARET, , MISS,
Mailing Address 9120 MOSS FARM LN

City DALLAS	State TX	Zip Code 75243-7429
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023
Transaction ID : SA11A.42504

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 231 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERNANDEZ, ANTHONY, F, MR,

Mailing Address 903 N MARINE AVE

City WILMINGTON	State CA	Zip Code 90744-4414
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.49409

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERNANDEZ, ROBERTO, , MR,

Mailing Address 5555 SAGE DR

City ROCKLIN	State CA	Zip Code 95765-5428
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2023

Transaction ID : SA11A.51772

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2065.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2023

Transaction ID : SA11A.43910

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
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 232 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2065.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2023

Transaction ID : SA11A.47952

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2065.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

Transaction ID : SA11A.47953

Amount of Each Receipt this Period
240.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2065.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : SA11A.54829

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	690.00
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 233 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2065.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.54830

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HERRON, KEIKO, Y, MS,

Mailing Address 373 N ELMWOOD AVE

City WOOD DALE	State IL	Zip Code 60191-1553
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2065.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2023

Transaction ID : SA11A.54831

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HESLEP, DONALD, B, MR,

Mailing Address 2700 WALHALA DR

City NORTH CHESTERFIELD	State VA	Zip Code 23236-1348
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUILDER/DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.42278

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	900.00
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 234 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HIGA, HELEN, K, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2824 PARK ST

City HONOLULU	State HI	Zip Code 96817-1157
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2023

Transaction ID : SA11A.41902

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

B. HIGA, HELEN, K, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2824 PARK ST

City HONOLULU	State HI	Zip Code 96817-1157
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.45219

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

C. HIGA, HELEN, K, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2824 PARK ST

City HONOLULU	State HI	Zip Code 96817-1157
------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.49357

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	120.00
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 235 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, ROSALIE, , MRS,

Mailing Address 8824 33RD ST E

City EDGEWOOD	State WA	Zip Code 98371-2803
------------------	-------------	------------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023

Transaction ID : SA11A.53040

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, ROSALIE, , MRS,

Mailing Address 8824 33RD ST E

City EDGEWOOD	State WA	Zip Code 98371-2803
------------------	-------------	------------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2023

Transaction ID : SA11A.56929

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, ROSALIE, , MRS,

Mailing Address 8824 33RD ST E

City EDGEWOOD	State WA	Zip Code 98371-2803
------------------	-------------	------------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2023

Transaction ID : SA11A.60687

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	131.00
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 236 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, ROSALIE, , MRS,

Mailing Address 8824 33RD ST E

City EDGEWOOD	State WA	Zip Code 98371-2803
------------------	-------------	------------------------

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 ▼
216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023

Transaction ID : SA11A.60688

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINSON, ROBERT, A, MR,

Mailing Address 27 PAUL HALE RD

City HUMBOLDT	State TN	Zip Code 38343-6745
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2023

Transaction ID : SA11A.44392

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINSON, ROBERT, A, MR,

Mailing Address 27 PAUL HALE RD

City HUMBOLDT	State TN	Zip Code 38343-6745
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.51139

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 237 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 27 PAUL HALE RD

City HUMBOLDT	State TN	Zip Code 38343-6745
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023

Transaction ID : SA11A.51140

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HINSON, ROBERT, A, MR,

Mailing Address 27 PAUL HALE RD

City HUMBOLDT	State TN	Zip Code 38343-6745
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023

Transaction ID : SA11A.62912

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOFFMAN, PAUL, L, MR,

Mailing Address 233 QUEENSBURY DR SW APT 1

City HUNTSVILLE	State AL	Zip Code 35802-1532
--------------------	-------------	------------------------

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 ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2023

Transaction ID : SA11A.42344

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 238 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOFFMAN, PAUL, L, MR,		Date of Receipt MM / DD / YYYY 07 / 19 / 2023
Mailing Address 233 QUEENSBURY DR SW APT 1		Transaction ID : SA11A.42345
City HUNTSVILLE	State AL	Zip Code 35802-1532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOFFMAN, PAUL, L, MR,		Date of Receipt MM / DD / YYYY 08 / 04 / 2023
Mailing Address 233 QUEENSBURY DR SW APT 1		Transaction ID : SA11A.45780
City HUNTSVILLE	State AL	Zip Code 35802-1532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOFFMAN, PAUL, L, MR,		Date of Receipt MM / DD / YYYY 09 / 01 / 2023
Mailing Address 233 QUEENSBURY DR SW APT 1		Transaction ID : SA11A.52949
City HUNTSVILLE	State AL	Zip Code 35802-1532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 239 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. HOFFMAN, PAUL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 QUEENSBURY DR SW APT 1
 City HUNTSVILLE State AL Zip Code 35802-1532
 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 ▼ 280.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.56804
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. HOLCOMB, ROGER, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2339 ERBACON RD
 City COWEN State WV Zip Code 26206-8556
 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 ▼ 248.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.45711
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

C. HOLCOMB, ROGER, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2339 ERBACON RD
 City COWEN State WV Zip Code 26206-8556
 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 ▼ 248.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.45712
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	149.00
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 240 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HOLCOMB, ROGER, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2339 ERBACON RD

City COWEN State WV Zip Code 26206-8556

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 ▼ 248.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.56725

Amount of Each Receipt this Period 50.00

Memo Item CONTRIBUTION

B. HOLDREN, NORMA, JEAN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3246 GATEWAY CIR

City CHARLOTTESVILLE State VA Zip Code 22911-7477

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.62429

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. HOLLAND, COLLEEN, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 WAYNE CT

City WEAVER State AL Zip Code 36277-3547

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.46862

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 241 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLAND, COLLEEN, A, MRS,

Mailing Address 304 WAYNE CT

City WEAVER	State AL	Zip Code 36277-3547
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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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023

Transaction ID : SA11A.53923

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLLEY, HOWARD, T, ,

Mailing Address 2097 EVELYN AVE

City MEMPHIS	State TN	Zip Code 38104-5417
-----------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) US POSTAL SERVICE RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023

Transaction ID : SA11A.54292

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 832

City AMBOY	State WA	Zip Code 98601-0050
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2023

Transaction ID : SA11A.48457

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOLTON, PHYLLIS, J, MS,		Date of Receipt
Mailing Address 610 N EDGAR RD		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2023"/>
City MASON	State MI	Zip Code 48854-9535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.43635
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation (for Individual) INFORMATION REQUESTED PER BE		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOPPER, MARY, ANNE, MS,		Date of Receipt
Mailing Address 230 ROSITA ST		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2023"/>
City SAN LUIS OBISPO	State CA	Zip Code 93405-1266
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.45903
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOPPER, MARY, ANNE, MS,		Date of Receipt
Mailing Address 230 ROSITA ST		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City SAN LUIS OBISPO	State CA	Zip Code 93405-1266
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.45904
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOPPER, MARY, ANNE, MS,

Mailing Address 230 ROSITA ST

City SAN LUIS OBISPO	State CA	Zip Code 93405-1266
-------------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2023

Transaction ID : SA11A.53056

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOPPER, MARY, ANNE, MS,

Mailing Address 230 ROSITA ST

City SAN LUIS OBISPO	State CA	Zip Code 93405-1266
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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 ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023

Transaction ID : SA11A.56950

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HORN BROOK, MARILYN, J, MRS,

Mailing Address PO BOX 100

City MILLER	State MO	Zip Code 65707-0100
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2023

Transaction ID : SA11A.42146

Amount of Each Receipt this Period
69.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	134.00
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 244 OF 639
 (check only one)

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

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HORVATH, LINDA, , MISS,

Mailing Address 11050 PRESBYTERIAN DR

City INDIANAPOLIS	State IN	Zip Code 46236-2982
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023

Transaction ID : SA11A.43912

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HORVATH, LINDA, , MISS,

Mailing Address 11050 PRESBYTERIAN DR

City INDIANAPOLIS	State IN	Zip Code 46236-2982
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.51718

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HORVATH, LINDA, , MISS,

Mailing Address 11050 PRESBYTERIAN DR

City INDIANAPOLIS	State IN	Zip Code 46236-2982
----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2023

Transaction ID : SA11A.62390

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 245 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HOUCK, LAWRENCE, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 43266
 City BIRMINGHAM State AL Zip Code 35243-0266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.45537
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. HOWARD, VIRGINIA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24846 20TH AVE S
 City KENT State WA Zip Code 98032-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 12 / 2023
Transaction ID : SA11A.41772
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. HOWARD, VIRGINIA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24846 20TH AVE S
 City KENT State WA Zip Code 98032-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.41773
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	594.00
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 246 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HOWARD, VIRGINIA, M, MS, TTEE

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

Mailing Address 24846 20TH AVE S

City KENT	State WA	Zip Code 98032-4023
--------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2023

Transaction ID : SA11A.45044

Amount of Each Receipt this Period
44.00

Memo Item
CONTRIBUTION

B. HOWARD, VIRGINIA, M, MS, TTEE

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

Mailing Address 24846 20TH AVE S

City KENT	State WA	Zip Code 98032-4023
--------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2023

Transaction ID : SA11A.45045

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. HOWLEY, DENNIS, , ,

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

Mailing Address 174 GROVE BEACH RD N

City WESTBROOK	State CT	Zip Code 06498-1682
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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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA11A.55257

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	341.00
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 247 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HOWLETT, GLEN, G, MR,			Date of Receipt
Mailing Address 8675 S 1325 E			<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2023"/>
City SANDY	State UT	Zip Code 84093-1585	Transaction ID : SA11A.53641
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HOWLETT, GLEN, G, MR,			Date of Receipt
Mailing Address 8675 S 1325 E			<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2023"/>
City SANDY	State UT	Zip Code 84093-1585	Transaction ID : SA11A.61468
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HOWLETT, GLEN, G, MR,			Date of Receipt
Mailing Address 8675 S 1325 E			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2023"/>
City SANDY	State UT	Zip Code 84093-1585	Transaction ID : SA11A.61469
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HRIC, CYNTHIA, S, MS,

Mailing Address 1603 CALUMET AVE APT 1

City WHITING	State IN	Zip Code 46394-1227
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2023

Transaction ID : SA11A.43692

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HRIC, CYNTHIA, S, MS,

Mailing Address 1603 CALUMET AVE APT 1

City WHITING	State IN	Zip Code 46394-1227
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2023

Transaction ID : SA11A.50995

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023

Transaction ID : SA11A.42831

Amount of Each Receipt this Period
74.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	198.00
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 249 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2023

Transaction ID : SA11A.42832

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2023

Transaction ID : SA11A.46494

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2023

Transaction ID : SA11A.50281

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	294.00
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 250 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2023

Transaction ID : SA11A.50282

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.53571

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA11A.53572

Amount of Each Receipt this Period
74.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	268.00
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 251 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt

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

Transaction ID : SA11A.57534

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUANG, JOSEPH, C H, MR,

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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 ▼
1216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2023

Transaction ID : SA11A.57535

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUBER, CORDEL, R, MR, SR

Mailing Address 4443 MUNKERS ST SE

City SALEM	State OR	Zip Code 97317-5848
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2023

Transaction ID : SA11A.41954

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	294.00
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 252 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUBER, CORDEL, R, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4443 MUNKERS ST SE
 City SALEM State OR Zip Code 97317-5848
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.56255
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. HUEY, GERALD, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1406 CUBA AVE APT 11
 City ALAMOGORDO State NM Zip Code 88310-5700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.57080
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. HUME, ROBERT, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2279 SEGARINI WAY
 City STOCKTON State CA Zip Code 95209-2330
 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 ▼ 630.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.46441
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 253 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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 ▼
630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2023

Transaction ID : SA11A.53530

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUME, ROBERT, A, MR,

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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 ▼
630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.53531

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUNT, KAREN, J, MS,

Mailing Address 264 W ALTA VISTA DR

City OREM	State UT	Zip Code 84058-7502
--------------	-------------	------------------------

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 ▼
270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2023

Transaction ID : SA11A.42790

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 254 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUNT, KAREN, J, MS,			Date of Receipt MM / DD / YYYY 07 / 27 / 2023
Mailing Address 264 W ALTA VISTA DR			Transaction ID : SA11A.42791
City OREM	State UT	Zip Code 84058-7502	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HUNT, KAREN, J, MS,			Date of Receipt MM / DD / YYYY 08 / 07 / 2023
Mailing Address 264 W ALTA VISTA DR			Transaction ID : SA11A.46437
City OREM	State UT	Zip Code 84058-7502	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUNT, KAREN, J, MS,			Date of Receipt MM / DD / YYYY 09 / 13 / 2023
Mailing Address 264 W ALTA VISTA DR			Transaction ID : SA11A.53524
City OREM	State UT	Zip Code 84058-7502	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 255 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUNT, KAREN, J, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 W ALTA VISTA DR
 City OREM State UT Zip Code 84058-7502
 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 ▼ 270.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA11A.57476
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. HUTH, STEVE, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 556 PEBBLE WAY
 City GREENWOOD State IN Zip Code 46142-9757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED - FLORIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.46895
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. HUTH, STEVE, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 556 PEBBLE WAY
 City GREENWOOD State IN Zip Code 46142-9757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED - FLORIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 996.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53954
 Amount of Each Receipt this Period 198.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	498.00
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 256 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUTH, STEVE, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 556 PEBBLE WAY
 City GREENWOOD State IN Zip Code 46142-9757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED - FLORIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 996.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.53955
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

B. HYNES, TOM, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1812 STAR DR
 City SAUK RAPIDS State MN Zip Code 56379-2580
 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 ▼ 255.00

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.44939
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. HYNES, TOM, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1812 STAR DR
 City SAUK RAPIDS State MN Zip Code 56379-2580
 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 ▼ 255.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.49146
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	385.00
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 257 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HYNES, TOM, R, MR,		Date of Receipt
Mailing Address 1812 STAR DR		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City SAUK RAPIDS	State MN	Zip Code 56379-2580
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.55939
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HYNES, TOM, R, MR,		Date of Receipt
Mailing Address 1812 STAR DR		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2023"/>
City SAUK RAPIDS	State MN	Zip Code 56379-2580
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.60917
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="255.00"/>	CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. IMPERATO, PASCAL, J, MR, RET		Date of Receipt
Mailing Address 24089 SAFIRO CT		<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2023"/>
City WILDOMAR	State CA	Zip Code 92595-7863
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.45292
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="35.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="245.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="135.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. IMPERATO, PASCAL, J, MR, RET		Date of Receipt MM / DD / YYYY 12 / 04 / 2023
Mailing Address 24089 SAFIRO CT		Transaction ID : SA11A.49419
City WILDOMAR	State CA	Zip Code 92595-7863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. IMPERATO, PASCAL, J, MR, RET		Date of Receipt MM / DD / YYYY 10 / 11 / 2023
Mailing Address 24089 SAFIRO CT		Transaction ID : SA11A.56271
City WILDOMAR	State CA	Zip Code 92595-7863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JACKSON, BEN, R, ,		Date of Receipt MM / DD / YYYY 11 / 28 / 2023
Mailing Address 917 W FREDERICKSBURG ST		Transaction ID : SA11A.60625
City BROKEN ARROW	State OK	Zip Code 74011-6412
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	335.00
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 259 OF 639
(check only one)

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

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JACKSON, JODY, , MS,

Mailing Address **2263 N 525 E**

City OGDEN	State UT	Zip Code 84414-2933
----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
08 / 02 / 2023

Transaction ID : SA11A.48468

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JACKSON, JODY, , MS,

Mailing Address **2263 N 525 E**

City OGDEN	State UT	Zip Code 84414-2933
----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
08 / 07 / 2023

Transaction ID : SA11A.48469

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JACKSON, JODY, , MS,

Mailing Address **2263 N 525 E**

City OGDEN	State UT	Zip Code 84414-2933
----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
294.00

Date of Receipt
08 / 24 / 2023

Transaction ID : SA11A.48470

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	247.00
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 260 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. JACKSON, JODY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2263 N 525 E
 City OGDEN State UT Zip Code 84414-2933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : SA11A.55250
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. JENSEN, DWIGHT, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23826 75TH AVE SE
 City WOODINVILLE State WA Zip Code 98072-9768
 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 ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2023
Transaction ID : SA11A.49914
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. JENSEN, DWIGHT, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23826 75TH AVE SE
 City WOODINVILLE State WA Zip Code 98072-9768
 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 ▼ 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2023
Transaction ID : SA11A.49915
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 261 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. JOHNS, AJ, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3225 ANNISTON RD
 City JACKSONVILLE State FL Zip Code 32246-4605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023
Transaction ID : SA11A.51545
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

B. JOHNSON, BRYAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 HILLVIEW LN
 City SAINT PAUL State MN Zip Code 55127-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATIVE TOOLS Occupation (for Individual) TOOL DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023
Transaction ID : SA11A.45107
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. JOHNSON, BRYAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 HILLVIEW LN
 City SAINT PAUL State MN Zip Code 55127-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATIVE TOOLS Occupation (for Individual) TOOL DESIGNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023
Transaction ID : SA11A.49265
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 262 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, BRYAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 HILLVIEW LN
 City SAINT PAUL State MN Zip Code 55127-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATIVE TOOLS Occupation (for Individual) TOOL DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.49266
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

B. JOHNSON, BRYAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 HILLVIEW LN
 City SAINT PAUL State MN Zip Code 55127-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATIVE TOOLS Occupation (for Individual) TOOL DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 12 / 2023
Transaction ID : SA11A.56079
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. JOHNSON, BRYAN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4310 HILLVIEW LN
 City SAINT PAUL State MN Zip Code 55127-6136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INNOVATIVE TOOLS Occupation (for Individual) TOOL DESIGNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.61029
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 263 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, CAROLYN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2360 ROXSON RD
 City NEWCASTLE State WY Zip Code 82701-9425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RANCHING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.46536
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

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

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.57349
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.41704
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 264 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **08 / 24 / 2023**
Transaction ID : SA11A.44951
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **12 / 21 / 2023**
Transaction ID : SA11A.49152
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **10 / 06 / 2023**
Transaction ID : SA11A.55948
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 NAVAJO AVE

City FORT MORGAN	State CO	Zip Code 80701-4081
---------------------	-------------	------------------------

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 ▼
218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023

Transaction ID : SA11A.43642

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 NAVAJO AVE

City FORT MORGAN	State CO	Zip Code 80701-4081
---------------------	-------------	------------------------

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 ▼
218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023

Transaction ID : SA11A.43643

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 NAVAJO AVE

City FORT MORGAN	State CO	Zip Code 80701-4081
---------------------	-------------	------------------------

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 ▼
218.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023

Transaction ID : SA11A.47575

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80.00
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 266 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 NAVAJO AVE
 City FORT MORGAN State CO Zip Code 80701-4081
 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 ▼ 218.00

Date of Receipt 08 / 18 / 2023
Transaction ID : SA11A.47576
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

B. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 NAVAJO AVE
 City FORT MORGAN State CO Zip Code 80701-4081
 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 ▼ 218.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.47577
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

C. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 NAVAJO AVE
 City FORT MORGAN State CO Zip Code 80701-4081
 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 ▼ 218.00

Date of Receipt 12 / 01 / 2023
Transaction ID : SA11A.50952
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	93.00
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 267 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 NAVAJO AVE
 City FORT MORGAN State CO Zip Code 80701-4081
 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 ▼ 218.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.50953
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. JOHNSON, KAY, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 NAVAJO AVE
 City FORT MORGAN State CO Zip Code 80701-4081
 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 ▼ 218.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.58532
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. JOHNSON, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 UNION AVE
 City SALMON State ID Zip Code 83467-4606
 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 ▼ 209.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.42811
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 268 OF 639
	<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
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 UNION AVE

City SALMON	State ID	Zip Code 83467-4606
----------------	----------	------------------------

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 ▼
209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2023

Transaction ID : SA11A.42812

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. JOHNSON, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 UNION AVE

City SALMON	State ID	Zip Code 83467-4606
----------------	----------	------------------------

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 ▼
209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2023

Transaction ID : SA11A.46463

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. JOHNSON, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 605 UNION AVE

City SALMON	State ID	Zip Code 83467-4606
----------------	----------	------------------------

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 ▼
209.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.46464

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	92.00
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 269 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. JOHNSON, MICHAEL, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 605 UNION AVE
 City SALMON State ID Zip Code 83467-4606
 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 ▼ 209.00

Date of Receipt 09 / 27 / 2023
Transaction ID : SA11A.53547
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. JOHNSTON, SANDRA, FAY, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 292 S BARRON ST
 City RUSK State TX Zip Code 75785-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.44284
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. JOHNSON, THOMAS, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2347 35TH ST
 City BRONSON State KS Zip Code 66716-9123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.48105
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 270 OF 639
	(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

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, THOMAS, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2347 35TH ST

City BRONSON	State KS	Zip Code 66716-9123
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : SA11A.48106

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. JOHNSON, THOMAS, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2347 35TH ST

City BRONSON	State KS	Zip Code 66716-9123
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2023

Transaction ID : SA11A.51826

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

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

Mailing Address 2347 35TH ST

City BRONSON	State KS	Zip Code 66716-9123
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2023

Transaction ID : SA11A.59043

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	80.00
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 271 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, THOMAS, C, MR,
Mailing Address 2347 35TH ST

City BRONSON	State KS	Zip Code 66716-9123
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2023

Transaction ID : SA11A.59044

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. JOHNSON, THOMAS, C, MR,
Mailing Address 2347 35TH ST

City BRONSON	State KS	Zip Code 66716-9123
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2023

Transaction ID : SA11A.62510

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. JOIST, NANCY, MAXEINER, MS,
Mailing Address 716 S CENTRAL AVE

City SAINT LOUIS	State MO	Zip Code 63105-2610
---------------------	-------------	------------------------

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 ▼
685.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2023

Transaction ID : SA11A.43261

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	90.00
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 272 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOIST, NANCY, MAXEINER, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 S CENTRAL AVE
 City SAINT LOUIS State MO Zip Code 63105-2610
 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 ▼ 685.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43262
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

B. JOIST, NANCY, MAXEINER, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 S CENTRAL AVE
 City SAINT LOUIS State MO Zip Code 63105-2610
 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 ▼ 685.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47020
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. JOIST, NANCY, MAXEINER, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 S CENTRAL AVE
 City SAINT LOUIS State MO Zip Code 63105-2610
 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 ▼ 685.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.47021
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	335.00
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 273 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOIST, NANCY, MAXEINER, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 S CENTRAL AVE
 City SAINT LOUIS State MO Zip Code 63105-2610
 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 ▼ 685.00

Date of Receipt **12 / 18 / 2023**
Transaction ID : SA11A.50607
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. JOIST, NANCY, MAXEINER, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 S CENTRAL AVE
 City SAINT LOUIS State MO Zip Code 63105-2610
 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 ▼ 685.00

Date of Receipt **10 / 27 / 2023**
Transaction ID : SA11A.58041
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. JONES, TERI, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 BRIARHILL ST
 City MOORE State OK Zip Code 73160-6501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 04 / 2023**
Transaction ID : SA11A.49826
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JONES, TERI, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 BRIARHILL ST
 City MOORE State OK Zip Code 73160-6501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023
Transaction ID : SA11A.53026
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. JONES, TERI, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1829 BRIARHILL ST
 City MOORE State OK Zip Code 73160-6501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA11A.60678
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. JONES, WILLIAM, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4722 S GRACEMOOR CIR
 City COLORADO SPRINGS State CO Zip Code 80917-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023
Transaction ID : SA11A.43219
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 275 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JONES, WILLIAM, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4722 S GRACEMOOR CIR
 City COLORADO SPRINGS State CO Zip Code 80917-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2023
 Transaction ID : SA11A.46971
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. JONES, WILLIAM, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4722 S GRACEMOOR CIR
 City COLORADO SPRINGS State CO Zip Code 80917-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2023
 Transaction ID : SA11A.54017
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. JONES, WILLIAM, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4722 S GRACEMOOR CIR
 City COLORADO SPRINGS State CO Zip Code 80917-1624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 25 / 2023
 Transaction ID : SA11A.54018
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JONES, WILLIAM, C, MR,		Date of Receipt MM / DD / YYYY 11 / 24 / 2023
Mailing Address 4722 S GRACEMOOR CIR		Transaction ID : SA11A.61729
City COLORADO SPRINGS	State CO	Zip Code 80917-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JOUSMA, ED, , MR,		Date of Receipt MM / DD / YYYY 12 / 15 / 2023
Mailing Address 156 W 34TH ST		Transaction ID : SA11A.50330
City HOLLAND	State MI	Zip Code 49423-7112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) SELF	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JOUSMA, ED, , MR,		Date of Receipt MM / DD / YYYY 10 / 12 / 2023
Mailing Address 156 W 34TH ST		Transaction ID : SA11A.57612
City HOLLAND	State MI	Zip Code 49423-7112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) SELF	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 277 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JUE, KATHERINE, , MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 E CHAPARRAL PL
 City CASA GRANDE State AZ Zip Code 85122-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023
Transaction ID : SA11A.49619
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. JUE, KATHERINE, , MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 E CHAPARRAL PL
 City CASA GRANDE State AZ Zip Code 85122-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.52736
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. KAM, FRANKLIN, S, DR, DC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3859 SAN AUGUSTINE DR
 City GLENDALE State CA Zip Code 91206-1230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : SA11A.50903
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KAM, FRANKLIN, S, DR, DC		Date of Receipt MM / DD / YYYY 09 / 28 / 2023 Transaction ID : SA11A.54473
Mailing Address 3859 SAN AUGUSTINE DR		Amount of Each Receipt this Period 99.00
City GLENDALE	State CA	Zip Code 91206-1230
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KAUFMANN, BARBARA, A, MRS,		Date of Receipt MM / DD / YYYY 08 / 09 / 2023 Transaction ID : SA11A.47369
Mailing Address PO BOX 311		Amount of Each Receipt this Period 50.00
City JERICHO	State VT	Zip Code 05465-0311
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KAUFMANN, BARBARA, A, MRS,		Date of Receipt MM / DD / YYYY 09 / 27 / 2023 Transaction ID : SA11A.54354
Mailing Address PO BOX 311		Amount of Each Receipt this Period 50.00
City JERICHO	State VT	Zip Code 05465-0311
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	199.00
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 279 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KAUFMANN, BARBARA, A, MRS,		Date of Receipt MM / DD / YYYY 11 / 01 / 2023
Mailing Address PO BOX 311		Transaction ID : SA11A.61993
City JERICHO	State VT	Zip Code 05465-0311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KEENER, DONALENE, M, MRS,		Date of Receipt MM / DD / YYYY 12 / 21 / 2023
Mailing Address 525 MANOR RD		Transaction ID : SA11A.49801
City WINDSOR	State PA	Zip Code 17366-8922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KEENER, DONALENE, M, MRS,		Date of Receipt MM / DD / YYYY 11 / 27 / 2023
Mailing Address 525 MANOR RD		Transaction ID : SA11A.60648
City WINDSOR	State PA	Zip Code 17366-8922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 280 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLER, CAROL, A, MISS,

Mailing Address 40 SPARKY TRL

City RYDAL	State GA	Zip Code 30171-1213
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.47678

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLER, CAROL, A, MISS,

Mailing Address 40 SPARKY TRL

City RYDAL	State GA	Zip Code 30171-1213
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2023

Transaction ID : SA11A.47679

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLER, CAROL, A, MISS,

Mailing Address 40 SPARKY TRL

City RYDAL	State GA	Zip Code 30171-1213
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2023

Transaction ID : SA11A.62205

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	240.00
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 281 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLY, ROSEMARY, , MS,

Mailing Address 3493 SUN CIR

City IDAHO FALLS	State ID	Zip Code 83404-7259
---------------------	----------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.44637

Amount of Each Receipt this Period
68.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLY, ROSEMARY, , MS,

Mailing Address 3493 SUN CIR

City IDAHO FALLS	State ID	Zip Code 83404-7259
---------------------	----------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.48930

Amount of Each Receipt this Period
33.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KELLY, ROSEMARY, , MS,

Mailing Address 3493 SUN CIR

City IDAHO FALLS	State ID	Zip Code 83404-7259
---------------------	----------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.55670

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	201.00
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 282 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KELLY, ROSEMARY, , MS,		Date of Receipt
Mailing Address 3493 SUN CIR		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City IDAHO FALLS	State ID	Zip Code 83404-7259
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.59905
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. KELLY, WAYNE, M, MR, TTEE		Date of Receipt
Mailing Address 25275 LA LOMA DR		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City LOS ALTOS HILLS	State CA	Zip Code 94022-4582
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.41809
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="125.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KENDRICK, JOHN, W, MR,		Date of Receipt
Mailing Address 13653 E DAKOTA AVE		<input type="text" value="07"/> / <input type="text" value="26"/> / <input type="text" value="2023"/>
City AURORA	State CO	Zip Code 80012-2425
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.41731
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 13653 E DAKOTA AVE

City AURORA	State CO	Zip Code 80012-2425
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2023

Transaction ID : SA11A.49191

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENDRICK, JOHN, W, MR,

Mailing Address 13653 E DAKOTA AVE

City AURORA	State CO	Zip Code 80012-2425
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2023

Transaction ID : SA11A.52239

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KENDRICK, JOHN, W, MR,

Mailing Address 13653 E DAKOTA AVE

City AURORA	State CO	Zip Code 80012-2425
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2023

Transaction ID : SA11A.60959

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KILIS, MARY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 276 MAGNOLIA CREEK WALK
 City PONTE VEDRA State FL Zip Code 32081-0664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.46028
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. KING, DORI, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 FREEMAN RD
 City CARTHAGE State NC Zip Code 28327-7092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED RN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.61916
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. KIRK, MAHLON, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SADDLE RDG
 City PORTAGE State WI Zip Code 53901-9772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) EXEC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 21 / 2023
Transaction ID : SA11A.42884
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 285 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KLEINBUB, FREDRICK, , MR,

Mailing Address 6211 CAMINO DE LA COSTA

City LA JOLLA	State CA	Zip Code 92037-6523
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2023

Transaction ID : SA11A.60401

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 13086 BAYWOOD ST SE

City MINERVA	State OH	Zip Code 44657-8999
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2023

Transaction ID : SA11A.47033

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 13086 BAYWOOD ST SE

City MINERVA	State OH	Zip Code 44657-8999
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2023

Transaction ID : SA11A.50613

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
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 286 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KLEIN, SIEGLINDE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13086 BAYWOOD ST SE
 City MINERVA State OH Zip Code 44657-8999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54072
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. KONRAD, MICHAEL, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5053 BRANDYWINE LN
 City FRISCO State TX Zip Code 75034-2241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.52605
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. KOUTOUVIDES, ALEX, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 MARK ST
 City BRISTOL State CT Zip Code 06010-5565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MAX PIZZA RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 07 / 2023
Transaction ID : SA11A.60644
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	345.00
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 287 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOVACS, DIXIE, M, MRS,

Mailing Address 1572 HEATHMUIR DR

City MYRTLE BEACH	State SC	Zip Code 29575-5370
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 19 / 2023

Transaction ID : SA11A.44418

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOVACS, DIXIE, M, MRS,

Mailing Address 1572 HEATHMUIR DR

City MYRTLE BEACH	State SC	Zip Code 29575-5370
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023

Transaction ID : SA11A.48665

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KOVACS, DIXIE, M, MRS,

Mailing Address 1572 HEATHMUIR DR

City MYRTLE BEACH	State SC	Zip Code 29575-5370
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.51169

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	109.00
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 288 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KOVACS, DIXIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1572 HEATHMUIR DR
 City MYRTLE BEACH State SC Zip Code 29575-5370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt 09 / 21 / 2023
Transaction ID : SA11A.55429
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

B. KOWARIK, JEANNE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRABAPPLE LN
 City CHELMSFORD State MA Zip Code 01824-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.48050
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. KOWARIK, JEANNE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRABAPPLE LN
 City CHELMSFORD State MA Zip Code 01824-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 349.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.48051
 Amount of Each Receipt this Period 49.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	147.00
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 289 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. KOWARIK, JEANNE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRABAPPLE LN
 City CHELMSFORD State MA Zip Code 01824-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2023
Transaction ID : SA11A.54923
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. KOWARIK, JEANNE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRABAPPLE LN
 City CHELMSFORD State MA Zip Code 01824-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2023
Transaction ID : SA11A.58978
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. KOWARIK, JEANNE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 CRABAPPLE LN
 City CHELMSFORD State MA Zip Code 01824-2046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2023
Transaction ID : SA11A.62460
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KRAL, LINUS, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16496 COUNTY ROAD 10
 City SLEEPY EYE State MN Zip Code 56085-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED FARMER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11A.49426
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. KRAL, LINUS, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16496 COUNTY ROAD 10
 City SLEEPY EYE State MN Zip Code 56085-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED FARMER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 247.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.52507
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. KUGIES, CHO-YOUNG, KIM, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2820 BENSON WAY
 City BELMONT State CA Zip Code 94002-2939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 445.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.41803
 Amount of Each Receipt this Period 48.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	248.00
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 291 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KUGIES, CHO-YOUNG, KIM, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2820 BENSON WAY

City BELMONT	State CA	Zip Code 94002-2939
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2023

Transaction ID : SA11A.45083

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. KUGIES, CHO-YOUNG, KIM, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2820 BENSON WAY

City BELMONT	State CA	Zip Code 94002-2939
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2023

Transaction ID : SA11A.45084

Amount of Each Receipt this Period
48.00

Memo Item
CONTRIBUTION

C. KUGIES, CHO-YOUNG, KIM, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2820 BENSON WAY

City BELMONT	State CA	Zip Code 94002-2939
-----------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
445.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2023

Transaction ID : SA11A.61019

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	198.00
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 292 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LAKEY, GALE, , MS,
Mailing Address PO BOX 3314

City: BROOKINGS State: OR Zip Code: 97415-0534

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 20 / 2023
Transaction ID : SA11A.44544

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

B. LAMBOLEY, DARLENE, A, MS,
Mailing Address 8880 COKER RD

City: PRUNEDALE State: CA Zip Code: 93907-1438

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: 07 / 11 / 2023
Transaction ID : SA11A.44716

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

C. LAMBOLEY, DARLENE, A, MS,
Mailing Address 8880 COKER RD

City: PRUNEDALE State: CA Zip Code: 93907-1438

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: 09 / 18 / 2023
Transaction ID : SA11A.55741

Amount of Each Receipt this Period: 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 293 OF 639
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LAMBOLEY, DARLENE, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8880 COKER RD

City PRUNEDALE	State CA	Zip Code 93907-1438
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2023

Transaction ID : SA11A.59976

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. LAMPE, STEVE, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1436 LAUREL DR

City SEWICKLEY	State PA	Zip Code 15143-8599
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023

Transaction ID : SA11A.53395

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. LANO, ROSEMARY, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 664 SOUTH ST

City SHREWSBURY	State MA	Zip Code 01545-4808
--------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023

Transaction ID : SA11A.51154

Amount of Each Receipt this Period
450.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
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 294 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LANO, ROSEMARY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 664 SOUTH ST
 City SHREWSBURY State MA Zip Code 01545-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 26 / 2023
Transaction ID : SA11A.59593
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

B. LARSEN, MILO, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2243 SHADY OAKS RD
 City MARSHALLTOWN State IA Zip Code 50158-9574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2023
Transaction ID : SA11A.57405
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. LAUDY, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 KENDAL DR
 City KENNETT SQUARE State PA Zip Code 19348-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43445
 Amount of Each Receipt this Period 68.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5268.00
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 295 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LAUDY, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 KENDAL DR
 City KENNETT SQUARE State PA Zip Code 19348-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.47259
 Amount of Each Receipt this Period 33.00
 Memo Item
 CONTRIBUTION

B. LAUDY, BARBARA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 424 KENDAL DR
 City KENNETT SQUARE State PA Zip Code 19348-2344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.47260
 Amount of Each Receipt this Period 68.00
 Memo Item
 CONTRIBUTION

C. LEAHY, SONJA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4020 SHADY OAKS DR
 City MARION State IA Zip Code 52302-5927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.46250
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	151.00
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 296 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. LEAHY, SONJA, L, MS,			Date of Receipt MM / DD / YYYY 08 / 24 / 2023
Mailing Address 4020 SHADY OAKS DR			Transaction ID : SA11A.46251
City MARION	State IA	Zip Code 52302-5927	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 298.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LEAHY, SONJA, L, MS,			Date of Receipt MM / DD / YYYY 12 / 19 / 2023
Mailing Address 4020 SHADY OAKS DR			Transaction ID : SA11A.50108
City MARION	State IA	Zip Code 52302-5927	Amount of Each Receipt this Period 99.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 298.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LEAHY, SONJA, L, MS,			Date of Receipt MM / DD / YYYY 09 / 15 / 2023
Mailing Address 4020 SHADY OAKS DR			Transaction ID : SA11A.53368
City MARION	State IA	Zip Code 52302-5927	Amount of Each Receipt this Period 99.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 298.00	

SUBTOTAL of Receipts This Page (optional).....	248.00
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 297 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LEGGETT, LINDA, K, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 723 URSULA DR
 City OXNARD State CA Zip Code 93030-7617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.47787
 Amount of Each Receipt this Period 168.00
 Memo Item
 CONTRIBUTION

B. LENHART, CHERYL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6257 S KNOXVILLE AVE
 City TULSA State OK Zip Code 74136-1430
 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 ▼ 300.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.45182
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. LENHART, CHERYL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6257 S KNOXVILLE AVE
 City TULSA State OK Zip Code 74136-1430
 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 ▼ 300.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.52392
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	368.00
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 298 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LEVIS, HILMA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6901 AVENUE E
 City SANTA FE State TX Zip Code 77510-7971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.50001
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. LEVIS, HILMA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6901 AVENUE E
 City SANTA FE State TX Zip Code 77510-7971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.50002
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. LIGHT, IRENE, DU P, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 WHITE HOLLOW RD
 City LAKEVILLE State CT Zip Code 06039-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.45080
 Amount of Each Receipt this Period 245.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	445.00
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 299 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LIGHT, IRENE, DU P, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 94 WHITE HOLLOW RD

City LAKEVILLE	State CT	Zip Code 06039-2417
-------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2023

Transaction ID : SA11A.49250

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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 ▼
546.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	05	/	2023

Transaction ID : SA11A.41861

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

C. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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 ▼
546.00

Date of Receipt

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

Transaction ID : SA11A.45163

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	199.00
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 300 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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 ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2023

Transaction ID : SA11A.45164

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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 ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2023

Transaction ID : SA11A.52370

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. LLOYD, DOUG, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 S CLAY ST

City HOLDEN	State MO	Zip Code 64040-1812
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2023

Transaction ID : SA11A.44153

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	94.00
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 301 OF 639

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LLOYD, DOUG, R, MR,

Mailing Address 1600 S CLAY ST

City HOLDEN State MO Zip Code 64040-1812

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **280.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2023

Transaction ID : SA11A.51929

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LLOYD, DOUG, R, MR,

Mailing Address 1600 S CLAY ST

City HOLDEN State MO Zip Code 64040-1812

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **280.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2023

Transaction ID : SA11A.51930

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LLOYD, DOUG, R, MR,

Mailing Address 1600 S CLAY ST

City HOLDEN State MO Zip Code 64040-1812

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) **280.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2023

Transaction ID : SA11A.55099

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **60.00**

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 302 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LLOYD, DOUG, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 S CLAY ST
 City HOLDEN State MO Zip Code 64040-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.59214
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. LLOYD, DOUG, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1600 S CLAY ST
 City HOLDEN State MO Zip Code 64040-1812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.62645
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. LLOYD, GARY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OAK ST
 City GREENVILLE State OH Zip Code 45331-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 14 / 2023
Transaction ID : SA11A.43204
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 303 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LLOYD, GARY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 OAK ST
 City GREENVILLE State OH Zip Code 45331-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.46940
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. LOGASA, MARY, M, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3180 TOUCHMARK BLVD UNIT 319
 City PRESCOTT State AZ Zip Code 86301-6019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.43721
 Amount of Each Receipt this Period 125.00
 Memo Item
 CONTRIBUTION

C. LOGASA, MARY, M, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3180 TOUCHMARK BLVD UNIT 319
 City PRESCOTT State AZ Zip Code 86301-6019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED TEACHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.47695
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 304 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

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

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.51033

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.54634

Amount of Each Receipt this Period
125.00

Memo Item
CONTRIBUTION

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

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2023

Transaction ID : SA11A.58638

Amount of Each Receipt this Period
175.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 305 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LONG, CLAUDE, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 SE MISSION DR APT 225

City BARTLESVILLE	State OK	Zip Code 74006-7596
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : SA11A.53146

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. LONG, CLAUDE, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 SE MISSION DR APT 225

City BARTLESVILLE	State OK	Zip Code 74006-7596
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11A.57052

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. LONG, CLAUDE, G, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2633 SE MISSION DR APT 225

City BARTLESVILLE	State OK	Zip Code 74006-7596
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2023

Transaction ID : SA11A.57053

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LONG, KATHERINE, D, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 CYPRESS FORREST DR
 City FLORENCE State AL Zip Code 35633-0910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.49697
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

B. LONG, LILLIAN, F, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25A TOTMAN DR
 City WOBURN State MA Zip Code 01801-5401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42545
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. LOPEZ, ANITA, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6590 MAGNOLIA GREEN LN
 City MECHANICSVILLE State VA Zip Code 23111-4657
 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 ▼ 650.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.53033
 Amount of Each Receipt this Period 350.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	675.00
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 307 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LOPEZ, ANITA, P, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6590 MAGNOLIA GREEN LN
 City MECHANICSVILLE State VA Zip Code 23111-4657
 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 ▼ 650.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.60683
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

B. LOSA, JOHN, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2587 MCVAY RD
 City MEMPHIS State TN Zip Code 38119-7832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2023
Transaction ID : SA11A.44840
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. LOUWAGIE, JOSEPH, H, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2277 MAURITANIA RD
 City PUNTA GORDA State FL Zip Code 33983-8638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11A.48416
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 308 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LOVE, MOLLIE, F, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **757 ASHLEY RD**

City SANTA BARBARA	State CA	Zip Code 93108-1131
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
07 / 24 / 2023

Transaction ID : SA11A.44522

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. LOVE, MOLLIE, F, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **757 ASHLEY RD**

City SANTA BARBARA	State CA	Zip Code 93108-1131
------------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
08 / 04 / 2023

Transaction ID : SA11A.48779

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. LOWRY, STANLEY, VANCE, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **707 MADELAINE DR**

City GILMER	State TX	Zip Code 75644-3146
-----------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 07 / 2023

Transaction ID : SA11A.51481

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LOWRY, STANLEY, VANCE, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 MADELAINE DR
 City GILMER State TX Zip Code 75644-3146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 14 / 2023**
Transaction ID : SA11A.51482
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. LOWRY, STANLEY, VANCE, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 MADELAINE DR
 City GILMER State TX Zip Code 75644-3146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 06 / 2023**
Transaction ID : SA11A.63305
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. LUKOWSKI, JAN, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 S 400 W
 City MOROCCO State IN Zip Code 47963-8280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt **09 / 12 / 2023**
Transaction ID : SA11A.54469
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 310 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LUSCZEK, JOSEPH, J, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7744 CRESTWAY RD
 City CLAYTON State OH Zip Code 45315-9764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.49636
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. LUSCZEK, JOSEPH, J, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7744 CRESTWAY RD
 City CLAYTON State OH Zip Code 45315-9764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023
Transaction ID : SA11A.56571
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. MACELLI, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8619 LINDEN AVE
 City MUNSTER State IN Zip Code 46321-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023
Transaction ID : SA11A.48875
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 311 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MACELLI, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8619 LINDEN AVE
 City MUNSTER State IN Zip Code 46321-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 08 / 18 / 2023
Transaction ID : SA11A.48876
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

B. MACELLI, MICHAEL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8619 LINDEN AVE
 City MUNSTER State IN Zip Code 46321-2511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.51336
 Amount of Each Receipt this Period 80.00
 Memo Item
 CONTRIBUTION

C. MACZKO, HELENA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7634 LEGACY PINES DR
 City CYPRESS State TX Zip Code 77433-2758
 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 ▼ 264.00

Date of Receipt 12 / 07 / 2023
Transaction ID : SA11A.51189
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MACZKO, HELENA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7634 LEGACY PINES DR
 City CYPRESS State TX Zip Code 77433-2758
 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 ▼ 264.00

Date of Receipt 12 / 11 / 2023
Transaction ID : SA11A.51190
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. MACZKO, HELENA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7634 LEGACY PINES DR
 City CYPRESS State TX Zip Code 77433-2758
 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 ▼ 264.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.62959
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

C. MAGHAZEH, PAUL, , DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1583 BAY RIDGE PKWY APT 2
 City BROOKLYN State NY Zip Code 11228-2242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.43106
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	247.00
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 313 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MAGHAZEH, PAUL, , DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1583 BAY RIDGE PKWY APT 2
 City BROOKLYN State NY Zip Code 11228-2242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.53873
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. MANGINI, PATRICIA, C, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 OCEAN AVE UNIT 227
 City SPRING LAKE State NJ Zip Code 07762-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.56656
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MARDELL-ENDERSEN, E, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 TENNIS CLUB DR
 City RANCHO MIRAGE State CA Zip Code 92270-2572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 496.00

Date of Receipt 11 / 17 / 2023
Transaction ID : SA11A.60271
 Amount of Each Receipt this Period 198.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	548.00
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 314 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MARTIN, FRED, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9148 N 115TH WAY
 City SCOTTSDALE State AZ Zip Code 85259-5926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 03 / 2023
Transaction ID : SA11A.62558
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. MASSOLO, JOSEPH, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18765 GOULD RD
 City SALINAS State CA Zip Code 93908-9703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MASSDCBROTHERS INC Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA11A.57301
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MATTIS, KARL, W, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 264 BROAD MOUNTAIN VIEW RD
 City HALIFAX State PA Zip Code 17032-8762
 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 ▼ 549.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.43806
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 315 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MATTIS, KARL, W, MR, SR		Date of Receipt MM / DD / YYYY 08 / 03 / 2023
Mailing Address 264 BROAD MOUNTAIN VIEW RD		Transaction ID : SA11A.47814
City HALIFAX	State PA	Zip Code 17032-8762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 99.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MATTIS, KARL, W, MR, SR		Date of Receipt MM / DD / YYYY 12 / 07 / 2023
Mailing Address 264 BROAD MOUNTAIN VIEW RD		Transaction ID : SA11A.51628
City HALIFAX	State PA	Zip Code 17032-8762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 549.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MATTIS, KARL, W, MR, SR		Date of Receipt MM / DD / YYYY 09 / 25 / 2023
Mailing Address 264 BROAD MOUNTAIN VIEW RD		Transaction ID : SA11A.54738
City HALIFAX	State PA	Zip Code 17032-8762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 549.00	

SUBTOTAL of Receipts This Page (optional).....▶	299.00
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 316 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. MAURIZIO, VIRGINIA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 WEISBROOK LN
 City CARTERVILLE State IL Zip Code 62918-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.46943
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. MAURIZIO, VIRGINIA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 WEISBROOK LN
 City CARTERVILLE State IL Zip Code 62918-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53999
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. MAURIZIO, VIRGINIA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 WEISBROOK LN
 City CARTERVILLE State IL Zip Code 62918-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.61720
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 317 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MAXWELL, THOMAS, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1010 BARKADA RD
 City MONTICELLO State AR Zip Code 71655-9276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MAXWELL HARDWOOD Occupation (for Individual) C.E.O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.45522
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. MCARTOR, NANCY, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1122
 City CODY State WY Zip Code 82414-1122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45998
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. MCCARRAHER, ALESSANDRA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 OPEN HEARTH RD
 City DOWNINGTOWN State PA Zip Code 19335-1487
 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 ▼ 420.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.62416
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 318 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCCLENNEY, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 MIMOSA DR
 City WATONGA State OK Zip Code 73772-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.48767
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. MCCLENNEY, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 MIMOSA DR
 City WATONGA State OK Zip Code 73772-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA11A.51244
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

C. MCCLENNEY, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 MIMOSA DR
 City WATONGA State OK Zip Code 73772-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.51245
 Amount of Each Receipt this Period 300.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	700.00
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 319 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCCLENNEY, WILLIAM, , MR,			Date of Receipt MM / DD / YYYY 11 / 14 / 2023		
Mailing Address 850 MIMOSA DR			Transaction ID : SA11A.63017		
City WATONGA	State OK	Zip Code 73772-1408	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCCUIN, JEAN, A, MRS,			Date of Receipt MM / DD / YYYY 07 / 06 / 2023		
Mailing Address 400 LAKESHORE TERRACE RD			Transaction ID : SA11A.42300		
City HARDY	State VA	Zip Code 24101-3508	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCCUIN, JEAN, A, MRS,			Date of Receipt MM / DD / YYYY 07 / 17 / 2023		
Mailing Address 400 LAKESHORE TERRACE RD			Transaction ID : SA11A.42301		
City HARDY	State VA	Zip Code 24101-3508	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 320 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCCUIN, JEAN, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 LAKESHORE TERRACE RD

City HARDY	State VA	Zip Code 24101-3508
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2023

Transaction ID : SA11A.45732

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. MCCULLEY, WALTER, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 193

City CULLOM	State IL	Zip Code 60929-0193
----------------	-------------	------------------------

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 ▼
700.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2023

Transaction ID : SA11A.44624

Amount of Each Receipt this Period
400.00

Memo Item
CONTRIBUTION

C. MCDERMOTT, ELAINE, , MS, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 873 ELTON ADELPHIA RD

City FREEHOLD	State NJ	Zip Code 07728-8614
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2023

Transaction ID : SA11A.44150

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
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 321 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCDERMOTT, ELAINE, , MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 ELTON ADELPHIA RD
 City FREEHOLD State NJ Zip Code 07728-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.48280
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. MCDERMOTT, ELAINE, , MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 873 ELTON ADELPHIA RD
 City FREEHOLD State NJ Zip Code 07728-8614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.59210
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION

C. MCDERMOTT, STEPHEN, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31754 WOODS CT
 City CHESTERFIELD State MI Zip Code 48047-4613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.43209
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 322 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCDERMOTT, STEPHEN, E, MR,

Mailing Address 31754 WOODS CT

City CHESTERFIELD	State MI	Zip Code 48047-4613
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2023

Transaction ID : SA11A.43210

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCDERMOTT, STEPHEN, E, MR,

Mailing Address 31754 WOODS CT

City CHESTERFIELD	State MI	Zip Code 48047-4613
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.46951

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCEACHEN, JOANN, W, MR,

Mailing Address 3205 W 86TH ST

City SHAWNEE MISSION	State KS	Zip Code 66206-1443
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023

Transaction ID : SA11A.62395

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCFARLAND, JUANITA, J, MS,

Mailing Address 5701 COWLES MOUNTAIN BLVD APT R21

City LA MESA	State CA	Zip Code 91942-1963
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2023

Transaction ID : SA11A.48285

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCFARLAND, JUANITA, J, MS,

Mailing Address 5701 COWLES MOUNTAIN BLVD APT R21

City LA MESA	State CA	Zip Code 91942-1963
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 28 / 2023

Transaction ID : SA11A.55100

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCFARLAND, JUANITA, J, MS,

Mailing Address 5701 COWLES MOUNTAIN BLVD APT R21

City LA MESA	State CA	Zip Code 91942-1963
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2023

Transaction ID : SA11A.62646

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCFEE, HAROLD, E, MR,			Date of Receipt												
Mailing Address 2559 OAKVIEW DR			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2023</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	07		03		2023
M M M	/	D D D	/	Y Y Y Y Y Y											
07		03		2023											
City JACKSONVILLE		State FL	Zip Code 32246-2461												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11A.42522												
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS			Occupation (for Individual) INFORMATION REQUESTED PER BE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00													
			Amount of Each Receipt this Period 47.00												
			<input type="checkbox"/> Memo Item CONTRIBUTION												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCFEE, HAROLD, E, MR,			Date of Receipt												
Mailing Address 2559 OAKVIEW DR			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>25</td> <td></td> <td>2023</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	08		25		2023
M M M	/	D D D	/	Y Y Y Y Y Y											
08		25		2023											
City JACKSONVILLE		State FL	Zip Code 32246-2461												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11A.46020												
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS			Occupation (for Individual) INFORMATION REQUESTED PER BE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00													
			Amount of Each Receipt this Period 47.00												
			<input type="checkbox"/> Memo Item CONTRIBUTION												

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MCFEE, HAROLD, E, MR,			Date of Receipt												
Mailing Address 2559 OAKVIEW DR			<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>21</td> <td></td> <td>2023</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	12		21		2023
M M M	/	D D D	/	Y Y Y Y Y Y											
12		21		2023											
City JACKSONVILLE		State FL	Zip Code 32246-2461												
FEC ID number of contributing federal political committee. C			Transaction ID : SA11A.49940												
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS			Occupation (for Individual) INFORMATION REQUESTED PER BE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 235.00													
			Amount of Each Receipt this Period 47.00												
			<input type="checkbox"/> Memo Item CONTRIBUTION												

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 325 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCFEE, HAROLD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2559 OAKVIEW DR
 City JACKSONVILLE State FL Zip Code 32246-2461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.57079
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. MCFEE, HAROLD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2559 OAKVIEW DR
 City JACKSONVILLE State FL Zip Code 32246-2461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.60792
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. MCINTOSH, ANITA, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10187 HARRIS RD NE
 City MOSES LAKE State WA Zip Code 98837-3784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.52595
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	494.00
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 326 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCKINLEY, JUDITH, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 W KATMAI AVE
 City SOLDOTNA State AK Zip Code 99669-7314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023
Transaction ID : SA11A.54180
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. MCLAY, BETTY, LOU, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 WALNUT LN
 City WEST NEWTON State PA Zip Code 15089-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023
Transaction ID : SA11A.41957
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. MCLAY, BETTY, LOU, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 WALNUT LN
 City WEST NEWTON State PA Zip Code 15089-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023
Transaction ID : SA11A.45284
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 327 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCLAY, BETTY, LOU, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 WALNUT LN
 City WEST NEWTON State PA Zip Code 15089-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023
Transaction ID : SA11A.52492
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. MCLAY, BETTY, LOU, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 WALNUT LN
 City WEST NEWTON State PA Zip Code 15089-1149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2023
Transaction ID : SA11A.60183
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. MCMAHON, THOMAS, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2245 N SEMINARY ST # 416
 City GALESBURG State IL Zip Code 61401-1207
 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023
Transaction ID : SA11A.53244
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCMILLAN, SUZANNE, I, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 185 GOLDENWAVE LOOP
 City MONTGOMERY State TX Zip Code 77316-2932
 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 ▼ 700.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.55681
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MEHTA, CAROL, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 477 AIRPORT RD
 City FRANKLIN State NC Zip Code 28734-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED FBI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.57492
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. MEHTA, CAROL, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 477 AIRPORT RD
 City FRANKLIN State NC Zip Code 28734-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED FBI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.57493
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	594.00
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 329 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MEHTA, CAROL, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 477 AIRPORT RD
 City FRANKLIN State NC Zip Code 28734-6300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED FBI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.57494
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. MEURER, JEANNE, , MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1056 CAMINO MAGENTA
 City THOUSAND OAKS State CA Zip Code 91360-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.47545
 Amount of Each Receipt this Period 105.00
 Memo Item
 CONTRIBUTION

C. MEURER, JEANNE, , MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1056 CAMINO MAGENTA
 City THOUSAND OAKS State CA Zip Code 91360-2103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 15 / 2023
Transaction ID : SA11A.54509
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	230.00
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 330 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MEYO, URSULA, B, MRS, TTEE

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

Mailing Address 3950 JOHNSON FERRY CT

City MARIETTA	State GA	Zip Code 30062-5244
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.43281

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

B. MEYO, URSULA, B, MRS, TTEE

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

Mailing Address 3950 JOHNSON FERRY CT

City MARIETTA	State GA	Zip Code 30062-5244
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2023

Transaction ID : SA11A.43282

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

C. MEYO, URSULA, B, MRS, TTEE

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

Mailing Address 3950 JOHNSON FERRY CT

City MARIETTA	State GA	Zip Code 30062-5244
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023

Transaction ID : SA11A.43283

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 331 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MEYO, URSULA, B, MRS, TTEE

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

Mailing Address 3950 JOHNSON FERRY CT

City MARIETTA	State GA	Zip Code 30062-5244
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2023

Transaction ID : SA11A.47061

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. MEYO, URSULA, B, MRS, TTEE

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

Mailing Address 3950 JOHNSON FERRY CT

City MARIETTA	State GA	Zip Code 30062-5244
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2023

Transaction ID : SA11A.61789

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. MIDDLETON, GERALDINE, C, MISS,

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

Mailing Address PO BOX 2607

City PISMO BEACH	State CA	Zip Code 93448-2607
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2023

Transaction ID : SA11A.50667

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 332 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MIDDLETON, GERALDINE, C, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 2607**

City PISMO BEACH	State CA	Zip Code 93448-2607
----------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2023

Transaction ID : SA11A.50668

Amount of Each Receipt this Period

250.00

Memo Item
CONTRIBUTION

B. MILENDER, SUSAN, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2407 N MAIN ST**

City DEL RIO	State TX	Zip Code 78840-2666
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) HOME MAKER/WIDOW
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2023

Transaction ID : SA11A.50696

Amount of Each Receipt this Period

300.00

Memo Item
CONTRIBUTION

C. MILENDER, SUSAN, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2407 N MAIN ST**

City DEL RIO	State TX	Zip Code 78840-2666
------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) HOME MAKER/WIDOW
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2023

Transaction ID : SA11A.58167

Amount of Each Receipt this Period

300.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 333 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MILENDER, SUSAN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 N MAIN ST
 City DEL RIO State TX Zip Code 78840-2666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) HOME MAKER/WIDOW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 14 / 2023
Transaction ID : SA11A.61865
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MILENDER, SUSAN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 N MAIN ST
 City DEL RIO State TX Zip Code 78840-2666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) HOME MAKER/WIDOW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.61866
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. MILES, DIANNE, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2661 TALLANT RD APT C898
 City SANTA BARBARA State CA Zip Code 93105-4839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 373.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.56059
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	900.00
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 334 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
08 / 03 / 2023

Transaction ID : SA11A.48401

Amount of Each Receipt this Period
39.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
08 / 28 / 2023

Transaction ID : SA11A.48402

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
12 / 14 / 2023

Transaction ID : SA11A.52013

Amount of Each Receipt this Period
41.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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 335 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023

Transaction ID : SA11A.55194

Amount of Each Receipt this Period
41.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023

Transaction ID : SA11A.59342

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MILLER, DONALD, F, MR,

Mailing Address 7280 CLARKVIEW DR

City LOCKPORT State NY Zip Code 14094-6286

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 ▼
353.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2023

Transaction ID : SA11A.59343

Amount of Each Receipt this Period
41.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 336 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MILLER, DONALD, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7280 CLARKVIEW DR
 City LOCKPORT State NY Zip Code 14094-6286
 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 ▼ 353.00

Date of Receipt 11 / 22 / 2023
Transaction ID : SA11A.62732
 Amount of Each Receipt this Period 41.00
 Memo Item
CONTRIBUTION

B. MILLER, RICHARD, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3241 SAM KEEN RD
 City LAKE WALES State FL Zip Code 33898-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 27 / 2023
Transaction ID : SA11A.62686
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.44476
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	339.00
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 337 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.48731
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.48732
 Amount of Each Receipt this Period 48.00
 Memo Item
 CONTRIBUTION

C. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.51215
 Amount of Each Receipt this Period 48.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 130.00
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 338 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.59680
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

B. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.59681
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

C. MOLE, RICHARD, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8142 FOREST VILLAS CIR APT F
 City SPRING HILL State FL Zip Code 34606-2489
 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 ▼ 454.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.62984
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	144.00
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 339 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOORE, ROBERT, N, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14010 COLDWATER DR

City STERLING HTS	State MI	Zip Code 48313-2824
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2023

Transaction ID : SA11A.41615

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. MORELAND, PHYLIS, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12862 LAKESHORE DR

City GRAND HAVEN	State MI	Zip Code 49417-9650
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2023

Transaction ID : SA11A.44148

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. MORELAND, PHYLIS, A, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12862 LAKESHORE DR

City GRAND HAVEN	State MI	Zip Code 49417-9650
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2023

Transaction ID : SA11A.59209

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
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 340 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORELAND, PHYLLIS, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12862 LAKESHORE DR
 City GRAND HAVEN State MI Zip Code 49417-9650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.60371
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. MORRIS, BRENDA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 DARTMOUTH RD
 City AUGUSTA State GA Zip Code 30904-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.48542
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. MORRIS, BRENDA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 DARTMOUTH RD
 City AUGUSTA State GA Zip Code 30904-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED LPN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 08 / 11 / 2023
Transaction ID : SA11A.48543
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 341 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORRIS, BRENDA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 DARTMOUTH RD
 City AUGUSTA State GA Zip Code 30904-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023
Transaction ID : SA11A.51092
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

B. MORRIS, BRENDA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 DARTMOUTH RD
 City AUGUSTA State GA Zip Code 30904-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2023
Transaction ID : SA11A.55315
 Amount of Each Receipt this Period
 34.00
 Memo Item
CONTRIBUTION

C. MORRIS, BRENDA, G, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2218 DARTMOUTH RD
 City AUGUSTA State GA Zip Code 30904-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS RETIRED LPN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : SA11A.55316
 Amount of Each Receipt this Period
 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 342 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MORRIS, BRENDA, G, MS,

Mailing Address **2218 DARTMOUTH RD**

City AUGUSTA	State GA	Zip Code 30904-3430
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED LPN
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
238.00

Date of Receipt
10 / 11 / 2023

Transaction ID : SA11A.59494

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MORRISON, JUDITH, A, MRS,

Mailing Address **5381 ENERGYSTONE DR**

City SPARKS	State NV	Zip Code 89436-4073
-----------------------	--------------------	-------------------------------

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 ▼
450.00

Date of Receipt
07 / 19 / 2023

Transaction ID : SA11A.43596

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MORRISON, JUDITH, A, MRS,

Mailing Address **5381 ENERGYSTONE DR**

City SPARKS	State NV	Zip Code 89436-4073
-----------------------	--------------------	-------------------------------

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 ▼
450.00

Date of Receipt
08 / 30 / 2023

Transaction ID : SA11A.47509

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	110.00
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 343 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MORRISON, JUDITH, A, MRS,

Mailing Address 5381 ENERGYSTONE DR

City SPARKS	State NV	Zip Code 89436-4073
----------------	-------------	------------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023

Transaction ID : SA11A.50900

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MORRISON, JUDITH, A, MRS,

Mailing Address 5381 ENERGYSTONE DR

City SPARKS	State NV	Zip Code 89436-4073
----------------	-------------	------------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023

Transaction ID : SA11A.50901

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MORRISON, JUDITH, A, MRS,

Mailing Address 5381 ENERGYSTONE DR

City SPARKS	State NV	Zip Code 89436-4073
----------------	-------------	------------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2023

Transaction ID : SA11A.58466

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 344 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORRISON, JUDITH, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5381 ENERGYSTONE DR
 City SPARKS State NV Zip Code 89436-4073
 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 ▼ 450.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.58467
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. MORRISON, MALCOLM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 119 SW 21ST ST
 City OAK ISLAND State NC Zip Code 28465-7406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.48901
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. MORTON, JEFFERY, KEITH, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2536 BURGAW HWY
 City JACKSONVILLE State NC Zip Code 28540-9409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.54617
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
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 345 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2023
Transaction ID : SA11A.43889
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

B. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2023
Transaction ID : SA11A.43890
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

C. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023
Transaction ID : SA11A.47930
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 346 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 14 / 2023
Transaction ID : SA11A.47931
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

B. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 14 / 2023
Transaction ID : SA11A.47932
 Amount of Each Receipt this Period 35.00
 Memo Item
CONTRIBUTION

C. MORTON, PEGGY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 486 LAMBERT DR
 City BRADFORD State PA Zip Code 16701-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA11A.54800
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 347 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOSER, ANNE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1678 200TH RD
 City BERN State KS Zip Code 66408-8066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PRIVATE MUSIC INSTRUCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45235
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.48238
 Amount of Each Receipt this Period 44.00
 Memo Item
 CONTRIBUTION

C. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.51894
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	589.00
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 348 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOSLEY, MICHAEL, K, MR,
Mailing Address PO BOX 25

City LOS ALAMOS State CA Zip Code 93440-0025

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 22 / 2023
Transaction ID : SA11A.51895

Amount of Each Receipt this Period: 44.00

Memo Item CONTRIBUTION

B. MOSLEY, MICHAEL, K, MR,
Mailing Address PO BOX 25

City LOS ALAMOS State CA Zip Code 93440-0025

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2023
Transaction ID : SA11A.55067

Amount of Each Receipt this Period: 44.00

Memo Item CONTRIBUTION

C. MOTZENBECKER, ERIC, P, MR,
Mailing Address 10 ROLLING VIEW DR

City HACKETTSTOWN State NJ Zip Code 07840-4803

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 ▼ 238.00

Date of Receipt: 07 / 26 / 2023
Transaction ID : SA11A.43525

Amount of Each Receipt this Period: 70.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 158.00

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 349 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOTZENBECKER, ERIC, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 ROLLING VIEW DR
 City HACKETTSTOWN State NJ Zip Code 07840-4803
 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 ▼ 238.00

Date of Receipt **08 / 03 / 2023**
Transaction ID : SA11A.47397
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

B. MOTZENBECKER, ERIC, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 ROLLING VIEW DR
 City HACKETTSTOWN State NJ Zip Code 07840-4803
 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 ▼ 238.00

Date of Receipt **12 / 26 / 2023**
Transaction ID : SA11A.50835
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

C. MUCHMORE, JOHN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1063
 City NEW LONDON State NH Zip Code 03257-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 03 / 2023**
Transaction ID : SA11A.63294
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1098.00
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 350 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MUIR, ROBERT, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 E HILLSIDE DR
 City PEORIA State IL Zip Code 61614-3151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ATTORNEY Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 27 / 2023
Transaction ID : SA11A.60989
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

B. MULLINS, GARMON, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DOLLYS HOUSE LN
 City CLINCHCO State VA Zip Code 24226-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.45181
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. MURPHY, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 ANNABLE POINT RD
 City CENTERVILLE State MA Zip Code 02632-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.43482
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	325.00
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 351 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MURPHY, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 ANNABLE POINT RD
 City CENTERVILLE State MA Zip Code 02632-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47331
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. MURPHY, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 ANNABLE POINT RD
 City CENTERVILLE State MA Zip Code 02632-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54325
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

C. MURPHY, KATHLEEN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 407 ANNABLE POINT RD
 City CENTERVILLE State MA Zip Code 02632-2408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61974
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	145.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 OF 639
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MURRAY, RUBY, J, MRS,

Mailing Address 1218 N WILD TURKEY DR

City DERBY	State KS	Zip Code 67037-2562
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023

Transaction ID : SA11A.53737

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MURRAY, RUBY, J, MRS,

Mailing Address 1218 N WILD TURKEY DR

City DERBY	State KS	Zip Code 67037-2562
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.53738

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MURRAY, RUBY, J, MRS,

Mailing Address 1218 N WILD TURKEY DR

City DERBY	State KS	Zip Code 67037-2562
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2023

Transaction ID : SA11A.57703

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 353 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MUSSELWHITE, TERRY, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 JOHN ANDERSON DR
 City ORMOND BEACH State FL Zip Code 32176-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.57801
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. MUSSELWHITE, TERRY, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2607 JOHN ANDERSON DR
 City ORMOND BEACH State FL Zip Code 32176-2314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11A.61606
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. NAKELSKI, STEPHEN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 AXHOLME CT
 City WAXHAW State NC Zip Code 28173-1200
 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 ▼ 218.00

Date of Receipt 12 / 11 / 2023
Transaction ID : SA11A.50982
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 354 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. NAKELSKI, STEPHEN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 AXHOLME CT
 City WAXHAW State NC Zip Code 28173-1200
 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 ▼ 218.00

Date of Receipt **09 / 11 / 2023**
Transaction ID : SA11A.54575
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. NAKELSKI, STEPHEN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 AXHOLME CT
 City WAXHAW State NC Zip Code 28173-1200
 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 ▼ 218.00

Date of Receipt **10 / 13 / 2023**
Transaction ID : SA11A.58564
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

C. NAKELSKI, STEPHEN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 AXHOLME CT
 City WAXHAW State NC Zip Code 28173-1200
 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 ▼ 218.00

Date of Receipt **11 / 15 / 2023**
Transaction ID : SA11A.62172
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 355 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. NAKELSKI, STEPHEN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1806 AXHOLME CT
 City WAXHAW State NC Zip Code 28173-1200
 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 ▼ 218.00

Date of Receipt 11 / 15 / 2023
Transaction ID : SA11A.62173
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. NAMAKE, LEAH, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 HUMMINGBIRD WAY
 City KILLINGLY State CT Zip Code 06241-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.47448
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. NAMAKE, LEAH, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 HUMMINGBIRD WAY
 City KILLINGLY State CT Zip Code 06241-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47449
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	234.00
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 356 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. NAMAKE, LEAH, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 HUMMINGBIRD WAY
 City KILLINGLY State CT Zip Code 06241-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.54408
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. NAMAKE, LEAH, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 HUMMINGBIRD WAY
 City KILLINGLY State CT Zip Code 06241-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54409
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. NEAL, GORDON, G, COL, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6983 PEACE PIPE CT
 City RENO State NV Zip Code 89511-5676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 18 / 2023
Transaction ID : SA11A.41765
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 357 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. NIEMANN, DEANNA, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18924 471ST AVE
 City ESTELLINE State SD Zip Code 57234-5618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.55121
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. O'BRIEN, BONNIE, L, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6507 HONEYSUCKLE LN
 City INDIANAPOLIS State IN Zip Code 46237-9719
 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 ▼ 262.30

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.43711
 Amount of Each Receipt this Period 35.00
 Memo Item
 CONTRIBUTION

C. O'BRIEN, BONNIE, L, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6507 HONEYSUCKLE LN
 City INDIANAPOLIS State IN Zip Code 46237-9719
 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 ▼ 262.30

Date of Receipt 07 / 27 / 2023
Transaction ID : SA11A.43712
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... 335.00
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 358 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. O'BRIEN, BONNIE, L, MS, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6507 HONEYSUCKLE LN

City INDIANAPOLIS	State IN	Zip Code 46237-9719
----------------------	-------------	------------------------

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 ▼
262.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2023

Transaction ID : SA11A.47684

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

B. O'BRIEN, BONNIE, L, MS, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6507 HONEYSUCKLE LN

City INDIANAPOLIS	State IN	Zip Code 46237-9719
----------------------	-------------	------------------------

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 ▼
262.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2023

Transaction ID : SA11A.54618

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. O'BRIEN, BONNIE, L, MS, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6507 HONEYSUCKLE LN

City INDIANAPOLIS	State IN	Zip Code 46237-9719
----------------------	-------------	------------------------

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 ▼
262.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2023

Transaction ID : SA11A.54619

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	131.00
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 359 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OHAMA, ABRAHAM, K, MR,

Mailing Address 5921 E NEVADA AVE

City FRESNO	State CA	Zip Code 93727-3549
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2023

Transaction ID : SA11A.46630

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OHAMA, ABRAHAM, K, MR,

Mailing Address 5921 E NEVADA AVE

City FRESNO	State CA	Zip Code 93727-3549
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2023

Transaction ID : SA11A.50374

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OHAMA, ABRAHAM, K, MR,

Mailing Address 5921 E NEVADA AVE

City FRESNO	State CA	Zip Code 93727-3549
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2023

Transaction ID : SA11A.53697

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 360 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OHAMA, ABRAHAM, K, MR,
 Mailing Address 5921 E NEVADA AVE
 City FRESNO State CA Zip Code 93727-3549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11A.57673
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. OHM, PETER, R, MR,
 Mailing Address 7263 E REALTY RD
 City LODI State CA Zip Code 95240-9503
 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 ▼ 2100.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA11A.54139
 Amount of Each Receipt this Period 2000.00
 Memo Item
 CONTRIBUTION

C. OLEKSA, MADELINE, , MS,
 Mailing Address 310 ACADEMY ST
 City CARNEGIE State PA Zip Code 15106-2706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) EDUCATION ASSISTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.47605
 Amount of Each Receipt this Period 45.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2145.00
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 361 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OLEKSA, MADELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 ACADEMY ST

City CARNEGIE	State PA	Zip Code 15106-2706
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) EDUCATION ASSISTANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2023

Transaction ID : SA11A.50978

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

B. OLEKSA, MADELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 ACADEMY ST

City CARNEGIE	State PA	Zip Code 15106-2706
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) EDUCATION ASSISTANT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

Transaction ID : SA11A.54551

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. OLEKSA, MADELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 310 ACADEMY ST

City CARNEGIE	State PA	Zip Code 15106-2706
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) EDUCATION ASSISTANT
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2023

Transaction ID : SA11A.62166

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 362 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON, ROBERT, D, MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843-4483
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2023

Transaction ID : SA11A.42952

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON, ROBERT, D, MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843-4483
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2023

Transaction ID : SA11A.42953

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OLSON, ROBERT, D, MR,

Mailing Address **9433 N HAY CREEK RD**

City HAYWARD	State WI	Zip Code 54843-4483
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2023

Transaction ID : SA11A.53717

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 363 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 07 / 2023**
Transaction ID : SA11A.42588
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 11 / 2023**
Transaction ID : SA11A.46117
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA11A.50020
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 364 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : SA11A.50021
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

B. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 08 / 2023**
Transaction ID : SA11A.53269
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 25 / 2023**
Transaction ID : SA11A.53270
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 365 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.57173
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

B. OSHIMA, YVONNE, E, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 DEER VALLEY RD APT 2H
 City SAN RAFAEL State CA Zip Code 94903-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61140
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. OTAKE, CALVIN, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 662
 City WAIALUA State HI Zip Code 96791-0662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.62072
 Amount of Each Receipt this Period 400.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 366 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OWEN, ZARA, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 OLD SPRINGS RD

City SPRINGVILLE	State AL	Zip Code 35146-3947
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2023

Transaction ID : SA11A.48180

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. OWEN, ZARA, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 OLD SPRINGS RD

City SPRINGVILLE	State AL	Zip Code 35146-3947
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023

Transaction ID : SA11A.51864

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. OWEN, ZARA, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 OLD SPRINGS RD

City SPRINGVILLE	State AL	Zip Code 35146-3947
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023

Transaction ID : SA11A.59097

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	125.00
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 367 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. OWEN, ZARA, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 OLD SPRINGS RD
 City SPRINGVILLE State AL Zip Code 35146-3947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.59098
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. PARKER, JANICE, K, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 538 LAKE HENRY DR
 City WINTER HAVEN State FL Zip Code 33881-9756
 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 ▼ 233.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.58516
 Amount of Each Receipt this Period 93.00
 Memo Item
CONTRIBUTION

C. PARRISH, CHARLEEN, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 VANDERBILT DR
 City AIKEN State SC Zip Code 29803-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.46817
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	193.00
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 368 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PARRISH, CHARLEEN, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 VANDERBILT DR
 City AIKEN State SC Zip Code 29803-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 01 / 2023**
Transaction ID : SA11A.50485
 Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION

B. PARRISH, CHARLEEN, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 VANDERBILT DR
 City AIKEN State SC Zip Code 29803-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 27 / 2023**
Transaction ID : SA11A.53870
 Amount of Each Receipt this Period 30.00
 Memo Item
CONTRIBUTION

C. PEARSON, L, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22946 COG HILL DR
 City ATHENS State AL Zip Code 35613-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 20 / 2023**
Transaction ID : SA11A.51552
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 369 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PECK, VELMA, E, MRS, TTEE

Mailing Address 22336 MOBILE ST

City WOODLAND HILLS	State CA	Zip Code 91303-2426
------------------------	-------------	------------------------

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 ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2023

Transaction ID : SA11A.43802

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PECK, VELMA, E, MRS, TTEE

Mailing Address 22336 MOBILE ST

City WOODLAND HILLS	State CA	Zip Code 91303-2426
------------------------	-------------	------------------------

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 ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023

Transaction ID : SA11A.47804

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PECK, VELMA, E, MRS, TTEE

Mailing Address 22336 MOBILE ST

City WOODLAND HILLS	State CA	Zip Code 91303-2426
------------------------	-------------	------------------------

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 ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.54727

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 370 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PENDLETON, ARTHUR, R, MR,

Mailing Address **PO BOX 657**

City MANCHESTER	State CT	Zip Code 06045-0657
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PENDLETON ASSOC INC	Occupation (for Individual) MFG AGENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2023

Transaction ID : SA11A.49225

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PENDLETON, ARTHUR, R, MR,

Mailing Address **PO BOX 657**

City MANCHESTER	State CT	Zip Code 06045-0657
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PENDLETON ASSOC INC	Occupation (for Individual) MFG AGENT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2023

Transaction ID : SA11A.52283

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PEPPER, BETTY, A, MISS,

Mailing Address **297 OWL CREEK RD**

City TAMAQUA	State PA	Zip Code 18252-4229
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2023

Transaction ID : SA11A.43271

Amount of Each Receipt this Period

15.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 371 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEPER, BETTY, A, MISS,

Mailing Address 297 OWL CREEK RD

City TAMAQUA	State PA	Zip Code 18252-4229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2023

Transaction ID : SA11A.43272

Amount of Each Receipt this Period
15.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEPER, BETTY, A, MISS,

Mailing Address 297 OWL CREEK RD

City TAMAQUA	State PA	Zip Code 18252-4229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2023

Transaction ID : SA11A.43273

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEPER, BETTY, A, MISS,

Mailing Address 297 OWL CREEK RD

City TAMAQUA	State PA	Zip Code 18252-4229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2023

Transaction ID : SA11A.43274

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 372 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PEPER, BETTY, A, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 297 OWL CREEK RD
 City TAMAQUA State PA Zip Code 18252-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **08 / 28 / 2023**
Transaction ID : SA11A.47044
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. PEPER, BETTY, A, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 297 OWL CREEK RD
 City TAMAQUA State PA Zip Code 18252-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **12 / 01 / 2023**
Transaction ID : SA11A.50620
 Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION

C. PEPER, BETTY, A, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 297 OWL CREEK RD
 City TAMAQUA State PA Zip Code 18252-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **09 / 20 / 2023**
Transaction ID : SA11A.54085
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 373 OF 639
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PEPER, BETTY, A, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 297 OWL CREEK RD

City TAMAQUA	State PA	Zip Code 18252-4229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

Transaction ID : SA11A.58066

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. PEPER, BETTY, A, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 297 OWL CREEK RD

City TAMAQUA	State PA	Zip Code 18252-4229
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2023

Transaction ID : SA11A.58067

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. PERRY, NAN, S, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3313 FAIRWAY DR

City DANVILLE	State IL	Zip Code 61832-1247
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
392.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	19	/	2023

Transaction ID : SA11A.43847

Amount of Each Receipt this Period
46.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	86.00
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 374 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PERRY, NAN, S, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3313 FAIRWAY DR

City DANVILLE	State IL	Zip Code 61832-1247
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
392.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2023

Transaction ID : SA11A.47867

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. PERRY, NAN, S, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3313 FAIRWAY DR

City DANVILLE	State IL	Zip Code 61832-1247
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
392.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2023

Transaction ID : SA11A.58805

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. PETEK, PETER, , MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2023

Transaction ID : SA11A.43443

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 375 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PETEK, PETER, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2023

Transaction ID : SA11A.47256

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. PETEK, PETER, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2023

Transaction ID : SA11A.47257

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. PETEK, PETER, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023

Transaction ID : SA11A.47258

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	75.00
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 376 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PETEK, PETER, , MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2023

Transaction ID : SA11A.54280

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. PETEK, PETER, , MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2023

Transaction ID : SA11A.58261

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. PETEK, PETER, , MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 95

City EAST HELENA	State MT	Zip Code 59635-0095
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2023

Transaction ID : SA11A.58262

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 377 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PETEK, PETER, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 95
 City EAST HELENA State MT Zip Code 59635-0095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2023
Transaction ID : SA11A.61937
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

B. PETRALIA, DON, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 MARY ST
 City CHOCOWINITY State NC Zip Code 27817-8276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023
Transaction ID : SA11A.42310
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. PETRALIA, DON, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 MARY ST
 City CHOCOWINITY State NC Zip Code 27817-8276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023
Transaction ID : SA11A.45741
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 378 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PETRALIA, DON, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 MARY ST

City CHOCOWINITY	State NC	Zip Code 27817-8276
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2023

Transaction ID : SA11A.45742

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. PETRALIA, DON, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 MARY ST

City CHOCOWINITY	State NC	Zip Code 27817-8276
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : SA11A.52911

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. PETRALIA, DON, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 718 MARY ST

City CHOCOWINITY	State NC	Zip Code 27817-8276
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2023

Transaction ID : SA11A.60554

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 379 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PHELPS, STEVE, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 TERMINO AVE
 City LONG BEACH State CA Zip Code 90803-6150
 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 ▼ 255.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.42186
 Amount of Each Receipt this Period 70.00
 Memo Item
 CONTRIBUTION

B. PHELPS, STEVE, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 269 TERMINO AVE
 City LONG BEACH State CA Zip Code 90803-6150
 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 ▼ 255.00

Date of Receipt 12 / 19 / 2023
Transaction ID : SA11A.49649
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

C. PIERCY, JOEL, C, DR, DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 SHENANDOAH DR
 City JOHNSON CITY State TN Zip Code 37601-5460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 596.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.46132
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 380 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PIERCY, JOEL, C, DR, DDS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 SHENANDOAH DR
 City JOHNSON CITY State TN Zip Code 37601-5460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 596.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.53286
 Amount of Each Receipt this Period 198.00
 Memo Item
CONTRIBUTION

B. PIFER, BETTY, ANN, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 OLD FARM RD
 City COLTS NECK State NJ Zip Code 07722-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2023
Transaction ID : SA11A.44021
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. PIFER, BETTY, ANN, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 OLD FARM RD
 City COLTS NECK State NJ Zip Code 07722-1440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 11 / 2023
Transaction ID : SA11A.48099
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	298.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 381 OF 639
Use separate schedule(s) for each category of the Detailed Summary Page
11a 11b 11c 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PIFER, BETTY, ANN, MRS,
Mailing Address 4 OLD FARM RD
City COLTS NECK State NJ Zip Code 07722-1440
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.48100
Amount of Each Receipt this Period 50.00
Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PIFER, BETTY, ANN, MRS,
Mailing Address 4 OLD FARM RD
City COLTS NECK State NJ Zip Code 07722-1440
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.48101
Amount of Each Receipt this Period 50.00
Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PIFER, BETTY, ANN, MRS,
Mailing Address 4 OLD FARM RD
City COLTS NECK State NJ Zip Code 07722-1440
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 250.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.51821
Amount of Each Receipt this Period 50.00
Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 150.00
TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PILGER, ERIC, CHRISTIAN, MR, USN RET

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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 ▼
387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		26		2023

Transaction ID : SA11A.44057

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PILGER, ERIC, CHRISTIAN, MR, USN RET

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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 ▼
387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2023

Transaction ID : SA11A.48146

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PILGER, ERIC, CHRISTIAN, MR, USN RET

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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 ▼
387.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : SA11A.48147

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	89.00
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 383 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PILGER, ERIC, CHRISTIAN, MR, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14492 OAKGLEN DR
 City LARGO State FL Zip Code 33774-5028
 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 ▼ 387.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.59072
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. PILGER, ERIC, CHRISTIAN, MR, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14492 OAKGLEN DR
 City LARGO State FL Zip Code 33774-5028
 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 ▼ 387.00

Date of Receipt 11 / 22 / 2023
Transaction ID : SA11A.62542
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

C. PIPKIN, ANN, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 EASTMAN RD
 City CAPE ELIZ State ME Zip Code 04107-9667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.57049
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	320.00
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 384 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PISANO, JOYCE, L, MRS,
Mailing Address 10570 ART ST

City SUNLAND	State CA	Zip Code 91040-1302
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2023
Transaction ID : SA11A.45625

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PISANO, JOYCE, L, MRS,
Mailing Address 10570 ART ST

City SUNLAND	State CA	Zip Code 91040-1302
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023
Transaction ID : SA11A.56647

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PISANO, JOYCE, L, MRS,
Mailing Address 10570 ART ST

City SUNLAND	State CA	Zip Code 91040-1302
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023
Transaction ID : SA11A.60452

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 385 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PITCAIRN, BEATRICE, S, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 HUNTINGDON RD
 City HUNTINGDON VALLEY State PA Zip Code 19006-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.41682
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. PITCAIRN, BEATRICE, S, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1620 HUNTINGDON RD
 City HUNTINGDON VALLEY State PA Zip Code 19006-4411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.49127
 Amount of Each Receipt this Period 200.00
 Memo Item
 CONTRIBUTION

C. POLANCO, LOUIS, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 ERNELLA DR
 City BELVIDERE State NJ Zip Code 07823-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 01 / 2023
Transaction ID : SA11A.50782
 Amount of Each Receipt this Period 125.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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 386 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POLANCO, LOUIS, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 ERNELLA DR
 City BELVIDERE State NJ Zip Code 07823-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2023
Transaction ID : SA11A.50783
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. POLANCO, LOUIS, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 ERNELLA DR
 City BELVIDERE State NJ Zip Code 07823-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2023
Transaction ID : SA11A.54293
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. POOLE, MICHAEL, E, MR, DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 572
 City KEOSAUQUA State IA Zip Code 52565-0572
 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 ▼ 246.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023
Transaction ID : SA11A.45868
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	199.00
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 387 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POOLE, MICHAEL, E, MR, DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 572
 City KEOSAUQUA State IA Zip Code 52565-0572
 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 ▼ 246.00

Date of Receipt 12 / 12 / 2023
Transaction ID : SA11A.49814
 Amount of Each Receipt this Period 49.00
 Memo Item
CONTRIBUTION

B. POOLE, MICHAEL, E, MR, DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 572
 City KEOSAUQUA State IA Zip Code 52565-0572
 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 ▼ 246.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53015
 Amount of Each Receipt this Period 49.00
 Memo Item
CONTRIBUTION

C. PORTER, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 245
 City VINA State CA Zip Code 96092-0245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 597.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.47493
 Amount of Each Receipt this Period 297.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	395.00
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 388 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POULIN, MURIEL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLMONT DR
 City JOHNSON CITY State TN Zip Code 37601-5151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023
Transaction ID : SA11A.43666
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. POULIN, MURIEL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLMONT DR
 City JOHNSON CITY State TN Zip Code 37601-5151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : SA11A.54557
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. POULIN, MURIEL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLMONT DR
 City JOHNSON CITY State TN Zip Code 37601-5151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023
Transaction ID : SA11A.58558
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	140.00
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 389 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POULOS, GREGORY, F, MR,
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 330.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.47263
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. POULOS, GREGORY, F, MR,
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 330.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.47264
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. POULOS, GREGORY, F, MR,
 Mailing Address 815 SW 8TH TER
 City FORT LAUDERDALE State FL Zip Code 33315-3853
 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 ▼ 330.00

Date of Receipt 12 / 13 / 2023
Transaction ID : SA11A.50773
 Amount of Each Receipt this Period 60.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 390 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POULOS, GREGORY, F, MR,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE	State FL	Zip Code 33315-3853
-------------------------	-------------	------------------------

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 ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2023

Transaction ID : SA11A.50774

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POULOS, GREGORY, F, MR,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE	State FL	Zip Code 33315-3853
-------------------------	-------------	------------------------

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 ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023

Transaction ID : SA11A.54282

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
POULOS, GREGORY, F, MR,

Mailing Address 815 SW 8TH TER

City FORT LAUDERDALE	State FL	Zip Code 33315-3853
-------------------------	-------------	------------------------

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 ▼
330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2023

Transaction ID : SA11A.54283

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 391 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PRATT, JOE, PHYLLIS, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 BAINES CT
 City ARGYLE State TX Zip Code 76226-5136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETAURANT OWNER Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.47409
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. PRESSER, IRIS, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 COLWOOD CT
 City JACKSONVILLE State FL Zip Code 32217-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.43575
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. PRESSER, IRIS, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 COLWOOD CT
 City JACKSONVILLE State FL Zip Code 32217-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47485
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	595.00
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 392 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PRESSER, IRIS, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 COLWOOD CT
 City JACKSONVILLE State FL Zip Code 32217-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 01 / 2023
Transaction ID : SA11A.50888
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. PRESSER, IRIS, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 COLWOOD CT
 City JACKSONVILLE State FL Zip Code 32217-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.50889
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

C. PRESSER, IRIS, V, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 COLWOOD CT
 City JACKSONVILLE State FL Zip Code 32217-2686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.54444
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 393 OF 639
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. PRESSER, IRIS, V, MS,

Mailing Address 1845 COLWOOD CT

City JACKSONVILLE	State FL	Zip Code 32217-2686
----------------------	-------------	------------------------

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 ▼
340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2023

Transaction ID : SA11A.58441

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. PRESTIEN, BRUCE, L, MR,

Mailing Address 7936 HAPUNA PL

City DIAMONDHEAD	State MS	Zip Code 39525-3615
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2023

Transaction ID : SA11A.42914

Amount of Each Receipt this Period
90.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. PRESTIEN, BRUCE, L, MR,

Mailing Address 7936 HAPUNA PL

City DIAMONDHEAD	State MS	Zip Code 39525-3615
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
775.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023

Transaction ID : SA11A.46582

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 394 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 775.00

Date of Receipt 09 / 14 / 2023
Transaction ID : SA11A.53671
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. PRESTON, DAVID, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 BETTY BRUCE RD
 City ROSALIA State WA Zip Code 99170-8634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 01 / 2023
Transaction ID : SA11A.53558
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

C. PRIOR, LEONARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 LANING ST
 City SOUTHLINGTON State CT Zip Code 06489-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.45553
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	275.00
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 395 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. PRIOR, LEONARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 LANING ST
 City SOUTHINGTON State CT Zip Code 06489-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2023
Transaction ID : SA11A.56554
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. PROSERPI, TERESA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 SHIPLEY CT
 City LINTHICUM HEIGHTS State MD Zip Code 21090-2426
 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 ▼ 378.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43640
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. PROSERPI, TERESA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 SHIPLEY CT
 City LINTHICUM HEIGHTS State MD Zip Code 21090-2426
 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 ▼ 378.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.47574
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	174.00
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 396 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. PROSERPI, TERESA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 SHIPLEY CT
 City LINTHICUM HEIGHTS State MD Zip Code 21090-2426
 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 ▼ 378.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA11A.54531
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. PROSERPI, TERESA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 SHIPLEY CT
 City LINTHICUM HEIGHTS State MD Zip Code 21090-2426
 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 ▼ 378.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.54532
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

C. PROSERPI, TERESA, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 SHIPLEY CT
 City LINTHICUM HEIGHTS State MD Zip Code 21090-2426
 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 ▼ 378.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.58531
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	124.00
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 397 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PUGLIESE, RICHARD, M, MR,

Mailing Address 53 UPLAND RD

City HAVERTOWN	State PA	Zip Code 19083-4408
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.42556

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PUGLIESE, RICHARD, M, MR,

Mailing Address 53 UPLAND RD

City HAVERTOWN	State PA	Zip Code 19083-4408
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2023

Transaction ID : SA11A.61118

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
QUALLS, DARRELL, D, MR, SR

Mailing Address 227 THOMAS DR

City LOS GATOS	State CA	Zip Code 95032-4039
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) SELF
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2023

Transaction ID : SA11A.41974

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	196.00
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 398 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. QUALLS, DARRELL, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 THOMAS DR
 City LOS GATOS State CA Zip Code 95032-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.45309
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. QUALLS, DARRELL, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 THOMAS DR
 City LOS GATOS State CA Zip Code 95032-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.45310
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. QUALLS, DARRELL, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 THOMAS DR
 City LOS GATOS State CA Zip Code 95032-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.49436
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	106.00
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 399 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. QUALLS, DARRELL, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 THOMAS DR
 City LOS GATOS State CA Zip Code 95032-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 21 / 2023
Transaction ID : SA11A.49437
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. QUALLS, DARRELL, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 THOMAS DR
 City LOS GATOS State CA Zip Code 95032-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 10 / 2023
Transaction ID : SA11A.60216
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

C. QUATTLEBAUM, DELORIS, S, MAJ, USA RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 HIGHLAND WOODS DR E
 City MOBILE State AL Zip Code 36608-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.51131
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	122.00
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 400 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. QUATTLEBAUM, DELORIS, S, MAJ, USA RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 HIGHLAND WOODS DR E

City MOBILE	State AL	Zip Code 36608-3352
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2023

Transaction ID : SA11A.59554

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. QUATTLEBAUM, DELORIS, S, MAJ, USA RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 HIGHLAND WOODS DR E

City MOBILE	State AL	Zip Code 36608-3352
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2023

Transaction ID : SA11A.59555

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. QUATTLEBAUM, DELORIS, S, MAJ, USA RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 625 HIGHLAND WOODS DR E

City MOBILE	State AL	Zip Code 36608-3352
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
229.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		15		2023

Transaction ID : SA11A.62895

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	132.00
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 401 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. QUATTLEBAUM, DELORIS, S, MAJ, USA RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 HIGHLAND WOODS DR E
 City MOBILE State AL Zip Code 36608-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 11 / 20 / 2023
Transaction ID : SA11A.62896
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. QUINN, MARY, L, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6540 W IRVING PARK RD APT 407
 City CHICAGO State IL Zip Code 60634-6431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2023
Transaction ID : SA11A.61841
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. RAJOO, KISTEN, , DR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5639 JOHN GAINES BLVD
 City KINGSPORT State TN Zip Code 37664-6533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA11A.50402
 Amount of Each Receipt this Period 220.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	517.00
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 402 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAY, MARY, E, MRS,

Mailing Address 9178 LAKEMONT DR

City ELK GROVE	State CA	Zip Code 95624-1473
-------------------	-------------	------------------------

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 ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2023

Transaction ID : SA11A.61006

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAY, MARY, E, MRS,

Mailing Address 9178 LAKEMONT DR

City ELK GROVE	State CA	Zip Code 95624-1473
-------------------	-------------	------------------------

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 ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2023

Transaction ID : SA11A.61007

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAY, MARY, E, MRS,

Mailing Address 9178 LAKEMONT DR

City ELK GROVE	State CA	Zip Code 95624-1473
-------------------	-------------	------------------------

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 ▼
231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2023

Transaction ID : SA11A.61008

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	131.00
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 403 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RAY, MARY, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9178 LAKEMONT DR
 City ELK GROVE State CA Zip Code 95624-1473
 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 ▼ 231.00

Date of Receipt 11 / 22 / 2023
Transaction ID : SA11A.61009
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. RECK, SUSAN, D, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 MARGARET ST
 City SAINT PAUL State MN Zip Code 55106-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.42277
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. REED, ROBERT, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1854 NORWOOD BLVD # 350
 City ZANESVILLE State OH Zip Code 43701-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 24 / 2023
Transaction ID : SA11A.43416
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 404 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE	State OH	Zip Code 43701-2337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2023

Transaction ID : SA11A.47230

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE	State OH	Zip Code 43701-2337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2023

Transaction ID : SA11A.47231

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE	State OH	Zip Code 43701-2337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2023

Transaction ID : SA11A.50754

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 405 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE State OH Zip Code 43701-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2023

Transaction ID : **SA11A.54256**

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE State OH Zip Code 43701-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2023

Transaction ID : **SA11A.58237**

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE State OH Zip Code 43701-2337

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2023

Transaction ID : **SA11A.58238**

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

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 406 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. REED, ROBERT, L, MR,

Mailing Address 1854 NORWOOD BLVD # 350

City ZANESVILLE	State OH	Zip Code 43701-2337
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2023

Transaction ID : SA11A.61921

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. REES, BEVERLY, , ,

Mailing Address PO BOX 40

City ELK	State WA	Zip Code 99009-0040
-------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.44622

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. REEVE, ROGER, W, MR,

Mailing Address 11525 DUTCH RD

City LESLIE	State MI	Zip Code 49251-9617
----------------	-------------	------------------------

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 ▼
397.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2023

Transaction ID : SA11A.53830

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 407 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REEVE, ROGER, W, MR,
Mailing Address 11525 DUTCH RD

City LESLIE	State MI	Zip Code 49251-9617
----------------	-------------	------------------------

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 ▼
397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2023

Transaction ID : SA11A.57781

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REEVE, ROGER, W, MR,
Mailing Address 11525 DUTCH RD

City LESLIE	State MI	Zip Code 49251-9617
----------------	-------------	------------------------

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 ▼
397.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2023

Transaction ID : SA11A.57782

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
REICHENBACH, RAYMOND, H, MR, JR
Mailing Address 3981 LOUISVILLE RD

City SALVISA	State KY	Zip Code 40372-9653
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2023

Transaction ID : SA11A.47856

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	194.00
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 408 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REICHENBACH, RAYMOND, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3981 LOUISVILLE RD
 City SALVISA State KY Zip Code 40372-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023
Transaction ID : SA11A.47857
 Amount of Each Receipt this Period
 40.00
 Memo Item
 CONTRIBUTION

B. REICHENBACH, RAYMOND, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3981 LOUISVILLE RD
 City SALVISA State KY Zip Code 40372-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2023
Transaction ID : SA11A.47858
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION

C. REICHENBACH, RAYMOND, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3981 LOUISVILLE RD
 City SALVISA State KY Zip Code 40372-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2023
Transaction ID : SA11A.54754
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 409 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REICHENBACH, RAYMOND, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3981 LOUISVILLE RD
 City SALVISA State KY Zip Code 40372-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.58803
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

B. REIF, ELIZABETH, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 DE LEON DR
 City EL PASO State TX Zip Code 79912-4948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2023
Transaction ID : SA11A.54784
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. REYNOLDS, BERT, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11054 SIMCOX RD
 City HOMERVILLE State OH Zip Code 44235-9718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 347.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.45909
 Amount of Each Receipt this Period 98.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	638.00
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 410 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REYNOLDS, BERT, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11054 SIMCOX RD
 City HOMERVILLE State OH Zip Code 44235-9718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 347.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.56961
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. RICCI, STEVE, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 277
 City BAGGS State WY Zip Code 82321-0277
 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 ▼ 202.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.46115
 Amount of Each Receipt this Period 33.00
 Memo Item
 CONTRIBUTION

C. RICCI, STEVE, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 277
 City BAGGS State WY Zip Code 82321-0277
 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 ▼ 202.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.46116
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	167.00
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 411 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RICCI, STEVE, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 277**
 City **BAGGS** State **WY** Zip Code **82321-0277**
 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 ▼ **202.00**

Date of Receipt **09 / 25 / 2023**
Transaction ID : SA11A.53268
 Amount of Each Receipt this Period **33.00**
 Memo Item
CONTRIBUTION

B. RICCI, STEVE, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 277**
 City **BAGGS** State **WY** Zip Code **82321-0277**
 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 ▼ **202.00**

Date of Receipt **11 / 02 / 2023**
Transaction ID : SA11A.61138
 Amount of Each Receipt this Period **34.00**
 Memo Item
CONTRIBUTION

C. RICCI, STEVE, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **PO BOX 277**
 City **BAGGS** State **WY** Zip Code **82321-0277**
 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 ▼ **202.00**

Date of Receipt **11 / 24 / 2023**
Transaction ID : SA11A.61139
 Amount of Each Receipt this Period **34.00**
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	101.00
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 412 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RIGGS, IVEY, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2023

Transaction ID : SA11A.43266

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. RIGGS, IVEY, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.47037

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

C. RIGGS, IVEY, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : SA11A.50614

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	235.00
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 413 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RIGGS, IVEY, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2023

Transaction ID : SA11A.54078

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

B. RIGGS, IVEY, J, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5408 HIDDEN VALLEY RD

City GREENSBORO	State NC	Zip Code 27407-8011
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2023

Transaction ID : SA11A.58056

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

C. RIGGS, RUSSELL, P, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 493

City SEDALIA	State CO	Zip Code 80135-0493
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2023

Transaction ID : SA11A.46339

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	438.00
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 414 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RIGGS, RUSSELL, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6800 N US HIGHWAY 85
 City SEDALIA State CO Zip Code 80135-8819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DOUBLE R. EXCAVATING INC. Occupation (for Individual) HEAVY EQUIPMENT OPERATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA11A.50240
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. RISIUS, BARBARA, F, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2202 ACACIA PARK DR APT 2518
 City LYNDHURST State OH Zip Code 44124-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.57940
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. RITCHEY, MARGARET, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 NOTRE DAME AVE
 City MODESTO State CA Zip Code 95350-4918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED REPORTER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.58600
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1047.00
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 415 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. RITCHEY, MARGARET, M, MS,		Date of Receipt MM / DD / YYYY 10 / 16 / 2023
Mailing Address 1114 NOTRE DAME AVE		Transaction ID : SA11A.58601
City MODESTO	State CA	Zip Code 95350-4918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED REPORTER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RITCHEY, MARGARET, M, MS,		Date of Receipt MM / DD / YYYY 11 / 10 / 2023
Mailing Address 1114 NOTRE DAME AVE		Transaction ID : SA11A.62199
City MODESTO	State CA	Zip Code 95350-4918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED REPORTER	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ROBBINS, PHILIP, R, MR,		Date of Receipt MM / DD / YYYY 08 / 07 / 2023
Mailing Address 1864 BLUEBONNET WAY		Transaction ID : SA11A.45773
City ORANGE PARK	State FL	Zip Code 32003-7444
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 305.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 305.00	

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 416 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. ROBERTSON, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 AUTO CLUB RD
 City BLOOMINGTON State MN Zip Code 55438-2442
 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 ▼ 215.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45275
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

B. ROBERTSON, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 AUTO CLUB RD
 City BLOOMINGTON State MN Zip Code 55438-2442
 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 ▼ 215.00

Date of Receipt 08 / 07 / 2023
Transaction ID : SA11A.45276
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. ROBERTSON, WILLIAM, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 AUTO CLUB RD
 City BLOOMINGTON State MN Zip Code 55438-2442
 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 ▼ 215.00

Date of Receipt 09 / 01 / 2023
Transaction ID : SA11A.52482
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 417 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ROBERTSON, WILLIAM, J, MR,

Mailing Address **6201 AUTO CLUB RD**

City BLOOMINGTON	State MN	Zip Code 55438-2442
----------------------------	--------------------	-------------------------------

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 ▼ **215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2023

Transaction ID : SA11A.52483

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROBERTSON, WILLIAM, J, MR,

Mailing Address **6201 AUTO CLUB RD**

City BLOOMINGTON	State MN	Zip Code 55438-2442
----------------------------	--------------------	-------------------------------

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 ▼ **215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2023

Transaction ID : SA11A.60174

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. RODGERS, ELAINE, M, MRS,

Mailing Address **241 WASS RD**

City WESTFIELD	State PA	Zip Code 16950-8893
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED REGISTERED NURSE
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2023

Transaction ID : SA11A.45391

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 418 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RODGERS, ELAINE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 WASS RD
 City WESTFIELD State PA Zip Code 16950-8893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2023
Transaction ID : SA11A.49509
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

B. RODGERS, ELAINE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 WASS RD
 City WESTFIELD State PA Zip Code 16950-8893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2023
Transaction ID : SA11A.56404
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

C. RODGERS, ELAINE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 241 WASS RD
 City WESTFIELD State PA Zip Code 16950-8893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023
Transaction ID : SA11A.56405
 Amount of Each Receipt this Period
 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 419 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROE, JOAN, ELLEN, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 W NOKOMIS CT
 City FOX POINT State WI Zip Code 53217-2611
 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 ▼ 265.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.42318
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. ROE, JOAN, ELLEN, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 360 W NOKOMIS CT
 City FOX POINT State WI Zip Code 53217-2611
 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 ▼ 265.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.45748
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION

C. ROGERS, EDWIN, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 MAPLE SHADE RD
 City CRANBERRY State PA Zip Code 16319-3308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.47268
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 420 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROGERS, EDWIN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 338 MAPLE SHADE RD

City CRANBERRY	State PA	Zip Code 16319-3308
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2023

Transaction ID : SA11A.54285

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. ROGERS, EDWIN, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 338 MAPLE SHADE RD

City CRANBERRY	State PA	Zip Code 16319-3308
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.54286

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. ROGERS, JEAN, N, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SMITH GRAVEYARD RD

City ASHEVILLE	State NC	Zip Code 28806-9655
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023

Transaction ID : SA11A.46452

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	324.00
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 421 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROGERS, JEAN, N, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.46453
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. ROGERS, JEAN, N, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.53540
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

C. ROGERS, JEAN, N, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.61372
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	64.00
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 422 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROSE, KENNETH, L, DR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23005 N 74TH ST UNIT 4031

City SCOTTSDALE	State AZ	Zip Code 85255-7521
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023

Transaction ID : SA11A.48350

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

B. ROSS, RONNIE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 CHASE ST

City PAWCATUCK	State CT	Zip Code 06379-2126
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023

Transaction ID : SA11A.50555

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. ROTAN, MATTHEW, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 413 LONGWOODS LN

City HOUSTON	State TX	Zip Code 77024-5616
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MARBLE CAPITAL LP	Occupation (for Individual) PRINCIPAL
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2023

Transaction ID : SA11A.44970

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 423 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROWE, JOHN, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6640 MALPASS CORNER RD
 City CURRIE State NC Zip Code 28435-9462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.52280
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. RUST, GEORGE, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4775 VILLAGE DR APT 243
 City GRAND LEDGE State MI Zip Code 48837-8111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2023
Transaction ID : SA11A.55423
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. RUST, GEORGE, D, MR, SR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4775 VILLAGE DR APT 243
 City GRAND LEDGE State MI Zip Code 48837-8111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.59624
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 424 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUST, GEORGE, D, MR, SR

Mailing Address 4775 VILLAGE DR APT 243

City GRAND LEDGE	State MI	Zip Code 48837-8111
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023

Transaction ID : SA11A.62940

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUST, JACK, W, MR, JR

Mailing Address 979 WALKER CREEK RD

City ENNIS	State TX	Zip Code 75119-5313
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023

Transaction ID : SA11A.45496

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUST, JACK, W, MR, JR

Mailing Address 979 WALKER CREEK RD

City ENNIS	State TX	Zip Code 75119-5313
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2023

Transaction ID : SA11A.49582

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	475.00
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 425 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RUST, JACK, W, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 979 WALKER CREEK RD
 City ENNIS State TX Zip Code 75119-5313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 09 / 15 / 2023
Transaction ID : SA11A.52689
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. RUST, JACK, W, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 979 WALKER CREEK RD
 City ENNIS State TX Zip Code 75119-5313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 11 / 24 / 2023
Transaction ID : SA11A.60360
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. RUTLEDGE, DONNA, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7556 BLUE LAKE DR
 City SAN DIEGO State CA Zip Code 92119-3011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 10 / 04 / 2023
Transaction ID : SA11A.57524
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
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 426 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RYAN, KELSIE, W, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6831 N VALLEY ST
 City DALTON GARDENS State ID Zip Code 83815-8739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023
Transaction ID : SA11A.41832
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. RYERSON, VIRGINIA, E, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 WAKE AVE # 102
 City EL CENTRO State CA Zip Code 92243-9653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47137
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION

C. SARTORI, DAVID, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15529 WILLOWBROOK AVE
 City LAKE PLACID State FL Zip Code 33852-5414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF EMPLOYED FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.54489
 Amount of Each Receipt this Period 300.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	5550.00
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 427 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SAWYER, JANIS, KERRIGAN, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4272 JEFFERSON RIVER RD

City JEFFERSON	State GA	Zip Code 30549-4300
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2023

Transaction ID : SA11A.43051

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. SAWYER, JANIS, KERRIGAN, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4272 JEFFERSON RIVER RD

City JEFFERSON	State GA	Zip Code 30549-4300
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2023

Transaction ID : SA11A.61595

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. SCHAAR, SUSAN, C, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 MISTY CT

City NEWARK	State DE	Zip Code 19702-4726
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2023

Transaction ID : SA11A.51345

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	475.00
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 428 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHAAR, SUSAN, C, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 MISTY CT

City NEWARK	State DE	Zip Code 19702-4726
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2023

Transaction ID : SA11A.55642

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. SCHAAR, SUSAN, C, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 MISTY CT

City NEWARK	State DE	Zip Code 19702-4726
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2023

Transaction ID : SA11A.63144

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SCHALL, JAMES, E, MR, M.D.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 415 MIFFLIN ST

City HUNTINGDON	State PA	Zip Code 16652-1535
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JAMES E. VAN ZANDT VA MEDICAL CTR	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA11A.47211

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	698.00
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 429 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JAMES E. VAN ZANDT VA MEDICAL CTR Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1298.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11A.54217
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

B. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JAMES E. VAN ZANDT VA MEDICAL CTR Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1298.00

Date of Receipt 10 / 05 / 2023
Transaction ID : SA11A.58217
 Amount of Each Receipt this Period 400.00
 Memo Item
CONTRIBUTION

C. SCHANTIN, ZOLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18768 WALNUT RD
 City CASTRO VALLEY State CA Zip Code 94546-2002
 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 ▼ 213.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.42571
 Amount of Each Receipt this Period 30.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	630.00
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 430 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHANTIN, ZOLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18768 WALNUT RD
 City CASTRO VALLEY State CA Zip Code 94546-2002
 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 ▼ 213.00

Date of Receipt **08 / 07 / 2023**
Transaction ID : SA11A.46083
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

B. SCHANTIN, ZOLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18768 WALNUT RD
 City CASTRO VALLEY State CA Zip Code 94546-2002
 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 ▼ 213.00

Date of Receipt **09 / 25 / 2023**
Transaction ID : SA11A.53242
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

C. SCHANTIN, ZOLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18768 WALNUT RD
 City CASTRO VALLEY State CA Zip Code 94546-2002
 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 ▼ 213.00

Date of Receipt **10 / 19 / 2023**
Transaction ID : SA11A.57157
 Amount of Each Receipt this Period 30.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	78.00
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 431 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHANTIN, ZOLA, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18768 WALNUT RD
 City CASTRO VALLEY State CA Zip Code 94546-2002
 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 ▼ 213.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.61125
 Amount of Each Receipt this Period 15.00
 Memo Item
CONTRIBUTION

B. SCHERSCHEL, THOMAS, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6935 W 0 NS
 City KOKOMO State IN Zip Code 46901-8809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2023
Transaction ID : SA11A.59133
 Amount of Each Receipt this Period 500.00
 Memo Item
CONTRIBUTION

C. SCHNEIDER, INGRID, G, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2050 W DUNLAP AVE LOT B179
 City PHOENIX State AZ Zip Code 85021-6109
 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 ▼ 215.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.44843
 Amount of Each Receipt this Period 45.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	560.00
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 432 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHNEIDER, INGRID, G, MRS,

Mailing Address 2050 W DUNLAP AVE LOT B179

City PHOENIX	State AZ	Zip Code 85021-6109
-----------------	-------------	------------------------

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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2023

Transaction ID : SA11A.44844

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHNEIDER, INGRID, G, MRS,

Mailing Address 2050 W DUNLAP AVE LOT B179

City PHOENIX	State AZ	Zip Code 85021-6109
-----------------	-------------	------------------------

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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2023

Transaction ID : SA11A.52136

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SCHNEIDER, INGRID, G, MRS,

Mailing Address 2050 W DUNLAP AVE LOT B179

City PHOENIX	State AZ	Zip Code 85021-6109
-----------------	-------------	------------------------

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 ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2023

Transaction ID : SA11A.60875

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	135.00
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 433 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHNEEKLOTH, WILLIAM, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15706 DYSON HOLLOW RD
 City BELLEVUE State NE Zip Code 68123-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RETIRED FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.52675
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. SCHOEN, HENRY, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 155
 City DAYTON State WY Zip Code 82836-0155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.44447
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. SCHOEN, HENRY, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 155
 City DAYTON State WY Zip Code 82836-0155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.44448
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 434 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. SCHRUM, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 BLUEGRASS CIR UNIT 318
 City CEDAR FALLS State IA Zip Code 50613-8055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 18 / 2023
Transaction ID : SA11A.41801
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. SCHRUM, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 BLUEGRASS CIR UNIT 318
 City CEDAR FALLS State IA Zip Code 50613-8055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 14 / 2023
Transaction ID : SA11A.45077
 Amount of Each Receipt this Period 60.00
 Memo Item
CONTRIBUTION

C. SCHRUM, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 BLUEGRASS CIR UNIT 318
 City CEDAR FALLS State IA Zip Code 50613-8055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.45078
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 435 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHRUM, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 914 BLUEGRASS CIR UNIT 318
 City CEDAR FALLS State IA Zip Code 50613-8055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 16 / 2023
Transaction ID : SA11A.56051
 Amount of Each Receipt this Period 60.00
 Memo Item
CONTRIBUTION

B. SCHUETTE, EVELYN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22987 WHITE PARK LN
 City LITCHFIELD State IL Zip Code 62056-5219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.42744
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. SCHULTZ, JAMES, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6725 MARJEAN DR
 City TIPP CITY State OH Zip Code 45371-2331
 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 ▼ 270.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.45745
 Amount of Each Receipt this Period 70.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	380.00
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 436 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SCHULTZ, JAMES, A, MR,		Date of Receipt MM / DD / YYYY 09 / 05 / 2023
Mailing Address 6725 MARJEAN DR		Transaction ID : SA11A.52920
City TIPP CITY	State OH	Zip Code 45371-2331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SCHULTZ, JAMES, A, MR,		Date of Receipt MM / DD / YYYY 10 / 26 / 2023
Mailing Address 6725 MARJEAN DR		Transaction ID : SA11A.56759
City TIPP CITY	State OH	Zip Code 45371-2331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SCOTT, DOROTHY, R, MRS,		Date of Receipt MM / DD / YYYY 07 / 25 / 2023
Mailing Address 5105 SEABREEZE WAY		Transaction ID : SA11A.41756
City OXNARD	State CA	Zip Code 93035-1054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 437 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCOTT, DOROTHY, R, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5105 SEABREEZE WAY

City OXNARD	State CA	Zip Code 93035-1054
----------------	-------------	------------------------

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 ▼
1050.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2023

Transaction ID : SA11A.45012

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. SCOTT, DOROTHY, R, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5105 SEABREEZE WAY

City OXNARD	State CA	Zip Code 93035-1054
----------------	-------------	------------------------

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 ▼
1050.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2023

Transaction ID : SA11A.52259

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. SCOTT, LORRAINE, L, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 OKANOGAN AVE APT 36

City WENATCHEE	State WA	Zip Code 98801-3478
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
247.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2023

Transaction ID : SA11A.47156

Amount of Each Receipt this Period
147.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	547.00
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 438 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCOTT, LORRAINE, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 OKANOGAN AVE APT 36
 City WENATCHEE State WA Zip Code 98801-3478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.47157
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. SCOTT, LORRAINE, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 OKANOGAN AVE APT 36
 City WENATCHEE State WA Zip Code 98801-3478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 08 / 17 / 2023
Transaction ID : SA11A.47158
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. SCOTT, ROBERT, E, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 BLACKHAWK AVE
 City MILAN State IL Zip Code 61264-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 16 / 2023
Transaction ID : SA11A.56077
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	134.00
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 439 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCOTT, ROBERT, E, MR, JR

Mailing Address 216 BLACKHAWK AVE

City MILAN	State IL	Zip Code 61264-3306
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.56078

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCOTT, ROBERT, E, MR, JR

Mailing Address 216 BLACKHAWK AVE

City MILAN	State IL	Zip Code 61264-3306
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023

Transaction ID : SA11A.61028

Amount of Each Receipt this Period
68.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCOTT, VIRGIL, , MR,

Mailing Address 1040 GREENWICH DR

City MARYVILLE	State TN	Zip Code 37803-0460
-------------------	-------------	------------------------

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 ▼
204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2023

Transaction ID : SA11A.43942

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	202.00
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 440 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCOTT, VIRGIL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 GREENWICH DR
 City MARYVILLE State TN Zip Code 37803-0460
 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 ▼ 204.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.48007
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. SCOTT, VIRGIL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 GREENWICH DR
 City MARYVILLE State TN Zip Code 37803-0460
 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 ▼ 204.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11A.54872
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

C. SCOTT, VIRGIL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 GREENWICH DR
 City MARYVILLE State TN Zip Code 37803-0460
 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 ▼ 204.00

Date of Receipt 10 / 27 / 2023
Transaction ID : SA11A.58932
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	102.00
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 441 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SECKINGER, TROY, E, MR, USMC RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 ROBIN CT

City BURLESON	State TX	Zip Code 76028-5324
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2023

Transaction ID : SA11A.45205

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

B. SECKINGER, TROY, E, MR, USMC RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 ROBIN CT

City BURLESON	State TX	Zip Code 76028-5324
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2023

Transaction ID : SA11A.52411

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. SECKINGER, TROY, E, MR, USMC RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 329 ROBIN CT

City BURLESON	State TX	Zip Code 76028-5324
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
696.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2023

Transaction ID : SA11A.52412

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	496.00
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 442 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SEITZ, BARTON, F, MR,

Mailing Address 8700 N LA CHOLLA BLVD APT 2229

City TUCSON	State AZ	Zip Code 85742-4419
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2023

Transaction ID : SA11A.42373

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SEITZ, BARTON, F, MR,

Mailing Address 8700 N LA CHOLLA BLVD APT 2229

City TUCSON	State AZ	Zip Code 85742-4419
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2023

Transaction ID : SA11A.49789

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SEITZ, BARTON, F, MR,

Mailing Address 8700 N LA CHOLLA BLVD APT 2229

City TUCSON	State AZ	Zip Code 85742-4419
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2023

Transaction ID : SA11A.56867

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SEITZ, BARTON, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 N LA CHOLLA BLVD APT 2229
 City TUCSON State AZ Zip Code 85742-4419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 06 / 2023
Transaction ID : SA11A.56868
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. SELLS, VICKIE, L, MRS, SVDL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 OLD BRAMWELL RD
 City BLUEFIELD State WV Zip Code 24701-7249
 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 ▼ 221.00

Date of Receipt 07 / 05 / 2023
Transaction ID : SA11A.44095
 Amount of Each Receipt this Period 99.00
 Memo Item
 CONTRIBUTION

C. SELLS, VICKIE, L, MRS, SVDL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 OLD BRAMWELL RD
 City BLUEFIELD State WV Zip Code 24701-7249
 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 ▼ 221.00

Date of Receipt 07 / 07 / 2023
Transaction ID : SA11A.44096
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	223.00
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 444 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SELLS, VICKIE, L, MRS, SVDL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 OLD BRAMWELL RD
 City BLUEFIELD State WV Zip Code 24701-7249
 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 ▼ 221.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.48205
 Amount of Each Receipt this Period 24.00
 Memo Item
CONTRIBUTION

B. SELLS, VICKIE, L, MRS, SVDL
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1905 OLD BRAMWELL RD
 City BLUEFIELD State WV Zip Code 24701-7249
 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 ▼ 221.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.51874
 Amount of Each Receipt this Period 24.00
 Memo Item
CONTRIBUTION

C. SHANDLE, GEORGE, H, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1303 LUNDY LN
 City BEL AIR State MD Zip Code 21015-6354
 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 ▼ 573.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45136
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	98.00
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 445 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHANDLE, GEORGE, H, MR, JR

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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 ▼
573.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2023

Transaction ID : SA11A.52340

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHANDLE, GEORGE, H, MR, JR

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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 ▼
573.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2023

Transaction ID : SA11A.56094

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHANDLE, GEORGE, H, MR, JR

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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 ▼
573.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2023

Transaction ID : SA11A.61047

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	224.00
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 446 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHARP, ROBERT, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7129 OLD LOGAN RD
 City SUGAR GROVE State OH Zip Code 43155-9702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.43020
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. SHAVER, JAMES, J, MR, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 S PARKVIEW DR
 City NEW PALESTINE State IN Zip Code 46163-8790
 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 ▼ 214.00

Date of Receipt 07 / 07 / 2023
Transaction ID : SA11A.42140
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. SHAVER, JAMES, J, MR, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 S PARKVIEW DR
 City NEW PALESTINE State IN Zip Code 46163-8790
 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 ▼ 214.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.45541
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 447 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHAVER, JAMES, J, MR, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 S PARKVIEW DR
 City NEW PALESTINE State IN Zip Code 46163-8790
 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 ▼ 214.00

Date of Receipt 12 / 01 / 2023
Transaction ID : SA11A.49610
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. SHAVER, JAMES, J, MR, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 S PARKVIEW DR
 City NEW PALESTINE State IN Zip Code 46163-8790
 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 ▼ 214.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.52721
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

C. SHAVER, JAMES, J, MR, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 S PARKVIEW DR
 City NEW PALESTINE State IN Zip Code 46163-8790
 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 ▼ 214.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.52722
 Amount of Each Receipt this Period 24.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	84.00
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 448 OF 639
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHAVER, JAMES, J, MR, USMC RET

Mailing Address **2581 S PARKVIEW DR**

City NEW PALESTINE	State IN	Zip Code 46163-8790
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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 ▼ **214.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2023

Transaction ID : SA11A.52723

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHAVER, JAMES, J, MR, USMC RET

Mailing Address **2581 S PARKVIEW DR**

City NEW PALESTINE	State IN	Zip Code 46163-8790
------------------------------	--------------------	-------------------------------

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 ▼ **214.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2023

Transaction ID : SA11A.56538

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHEELER, DENNIS, W, MR,

Mailing Address **669 MCKINLEY AVE**

City BEDFORD	State OH	Zip Code 44146-2853
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2023

Transaction ID : SA11A.44201

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	69.00
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 449 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHEELER, DENNIS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 MCKINLEY AVE
 City BEDFORD State OH Zip Code 44146-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 08 / 2023
Transaction ID : SA11A.51979
 Amount of Each Receipt this Period 34.00
 Memo Item
CONTRIBUTION

B. SHEELER, DENNIS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 MCKINLEY AVE
 City BEDFORD State OH Zip Code 44146-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.51980
 Amount of Each Receipt this Period 24.00
 Memo Item
CONTRIBUTION

C. SHEELER, DENNIS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 MCKINLEY AVE
 City BEDFORD State OH Zip Code 44146-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 01 / 2023
Transaction ID : SA11A.55147
 Amount of Each Receipt this Period 10.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	68.00
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 450 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHEELER, DENNIS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 669 MCKINLEY AVE
 City BEDFORD State OH Zip Code 44146-2853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 26 / 2023**
Transaction ID : SA11A.55148
 Amount of Each Receipt this Period 24.00
 Memo Item
 CONTRIBUTION

B. SHEIN, ANJE, D, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9522 LAWLER AVE
 City SKOKIE State IL Zip Code 60077-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **07 / 19 / 2023**
Transaction ID : SA11A.41827
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. SHEIN, ANJE, D, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9522 LAWLER AVE
 City SKOKIE State IL Zip Code 60077-1273
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **08 / 04 / 2023**
Transaction ID : SA11A.45125
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	124.00
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 451 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHEIN, ANJE, D, MRS,

Mailing Address **9522 LAWLER AVE**

City SKOKIE	State IL	Zip Code 60077-1273
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2023

Transaction ID : SA11A.45126

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SHEIN, ANJE, D, MRS,

Mailing Address **9522 LAWLER AVE**

City SKOKIE	State IL	Zip Code 60077-1273
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2023

Transaction ID : SA11A.49277

Amount of Each Receipt this Period

50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SHEIN, ANJE, D, MRS,

Mailing Address **9522 LAWLER AVE**

City SKOKIE	State IL	Zip Code 60077-1273
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

Transaction ID : SA11A.52335

Amount of Each Receipt this Period

100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 452 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHEIN, ANJE, D, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9522 LAWLER AVE

City SKOKIE	State IL	Zip Code 60077-1273
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2023

Transaction ID : SA11A.56086

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. SHEIN, ANJE, D, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9522 LAWLER AVE

City SKOKIE	State IL	Zip Code 60077-1273
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.56087

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. SHOEMAKER, MARY, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4898 HIGHMARKET ST

City GEORGETOWN	State SC	Zip Code 29440-9758
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023

Transaction ID : SA11A.47376

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 453 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SIVIERO, MARK, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19035 YAUPON RANCH DR
 City CYPRESS State TX Zip Code 77433-1966
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) DRAFTING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.45565
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

B. SLEPIAN, LINDA, J, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 328 SCOTTSDALE DR
 City TROY State MI Zip Code 48084-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STATE OF MICHIGAN PAYS MY PENSION Occupation (for Individual) RETIRED TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.62240
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

C. SMART, HAROLD, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1208 NW 196TH ST
 City EDMOND State OK Zip Code 73012-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 28 / 2023
Transaction ID : SA11A.60834
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 454 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 26 / 2023
Transaction ID : SA11A.44671
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 18 / 2023
Transaction ID : SA11A.48970
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.48971
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : SA11A.51405
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023
Transaction ID : SA11A.51406
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. SMITH, BILLIE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1729 MEYERWOOD LN S
 City FLOWER MOUND State TX Zip Code 75028-7313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2023
Transaction ID : SA11A.63200
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SMITH, DAVID, K, DR, DDS PA

Mailing Address 512 DUDLEY DR

City FORT MILL	State SC	Zip Code 29715-9804
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RETIRED DENTIST
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2023

Transaction ID : SA11A.49593

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SMITH, DAVID, V, MR,

Mailing Address 5710 GRANDE RESERVE WAY APT 21

City NAPLES	State FL	Zip Code 34110-2343
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED CEO
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

Transaction ID : SA11A.59125

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SMITH, DAVID, V, MR,

Mailing Address 5710 GRANDE RESERVE WAY APT 21

City NAPLES	State FL	Zip Code 34110-2343
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) RETIRED CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2023

Transaction ID : SA11A.59126

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
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 457 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, DAVID, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5710 GRANDE RESERVE WAY APT 21
 City NAPLES State FL Zip Code 34110-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 13 / 2023
Transaction ID : SA11A.62589
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

B. SMITH, DAVID, V, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5710 GRANDE RESERVE WAY APT 21
 City NAPLES State FL Zip Code 34110-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 22 / 2023
Transaction ID : SA11A.62590
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. SNARE, ROBERT, W, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 827
 City CHIPLEY State FL Zip Code 32428-0827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.43314
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 458 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SNARE, ROBERT, W, MR, M.D.

Mailing Address **PO BOX 827**

City CHIPLEY	State FL	Zip Code 32428-0827
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 17 / 2023

Transaction ID : SA11A.47099

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SODDERS, PATRICK, D, MR,

Mailing Address **52 JENNIFER LN**

City HILHAM	State TN	Zip Code 38568-5652
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2023

Transaction ID : SA11A.47933

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SODDERS, PATRICK, D, MR,

Mailing Address **52 JENNIFER LN**

City HILHAM	State TN	Zip Code 38568-5652
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2023

Transaction ID : SA11A.51702

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
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 459 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SODDERS, PATRICK, D, MR,		Date of Receipt
Mailing Address 52 JENNIFER LN		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2023"/>
City HILHAM	State TN	Zip Code 38568-5652
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.58864
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SOLIMINE, ROBERT, F, MR,		Date of Receipt
Mailing Address 35 SEACOAST TER APT 5E		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2023"/>
City BROOKLYN	State NY	Zip Code 11235-6031
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.42687
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	Amount of Each Receipt this Period <input type="text" value="47.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SOLIMINE, ROBERT, F, MR,		Date of Receipt
Mailing Address 35 SEACOAST TER APT 5E		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2023"/>
City BROOKLYN	State NY	Zip Code 11235-6031
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.50127
Name of Employer (for Individual) RETIRED		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	Amount of Each Receipt this Period <input type="text" value="94.00"/>
		<input type="checkbox"/> Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="191.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 460 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SOLIMINE, ROBERT, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 SEACOAST TER APT 5E
 City BROOKLYN State NY Zip Code 11235-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.57323
 Amount of Each Receipt this Period 94.00
 Memo Item
CONTRIBUTION

B. SOLIMINE, ROBERT, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 SEACOAST TER APT 5E
 City BROOKLYN State NY Zip Code 11235-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 26 / 2023
Transaction ID : SA11A.57324
 Amount of Each Receipt this Period 110.00
 Memo Item
CONTRIBUTION

C. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 07 / 07 / 2023
Transaction ID : SA11A.42202
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	251.00
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 461 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.42203
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 08 / 22 / 2023
Transaction ID : SA11A.45610
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45611
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 462 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023
Transaction ID : SA11A.49662
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

B. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : SA11A.52791
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

C. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 644.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : SA11A.56626
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	141.00
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 463 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SONOWSKI, DAVID, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6937 52ND AVE

City MASPETH	State NY	Zip Code 11378-1438
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
644.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2023

Transaction ID : SA11A.56627

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. SONOWSKI, DAVID, C, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6937 52ND AVE

City MASPETH	State NY	Zip Code 11378-1438
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
644.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2023

Transaction ID : SA11A.60439

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. SPOCKWELL, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 W BROADWAY ST APT 22

City GOLDENDALE	State WA	Zip Code 98620-9128
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) KLIK IT AT VALLEY HEALTH	Occupation (for Individual) EVS TECH
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
601.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2023

Transaction ID : SA11A.44223

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	143.00
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 464 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SPOCKWELL, MARK, , ,		Date of Receipt MM / DD / YYYY 08 / 07 / 2023
Mailing Address 230 W BROADWAY ST APT 22		Transaction ID : SA11A.48380
City GOLDENDALE	State WA	Zip Code 98620-9128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer (for Individual) KLIK IT AT VALLEY HEALTH	Occupation (for Individual) EVS TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SPOCKWELL, MARK, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2023
Mailing Address 230 W BROADWAY ST APT 22		Transaction ID : SA11A.48381
City GOLDENDALE	State WA	Zip Code 98620-9128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer (for Individual) KLIK IT AT VALLEY HEALTH	Occupation (for Individual) EVS TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 601.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SPOCKWELL, MARK, , ,		Date of Receipt MM / DD / YYYY 12 / 19 / 2023
Mailing Address 230 W BROADWAY ST APT 22		Transaction ID : SA11A.52005
City GOLDENDALE	State WA	Zip Code 98620-9128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 98.00
Name of Employer (for Individual) KLIK IT AT VALLEY HEALTH	Occupation (for Individual) EVS TECH	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 601.00	

SUBTOTAL of Receipts This Page (optional).....▶	231.00
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 465 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SPOCKWELL, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 W BROADWAY ST APT 22
 City GOLDENDALE State WA Zip Code 98620-9128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KLINK IT AT VALLEY HEALTH EVS TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 601.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023
Transaction ID : SA11A.59327
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. SPOCKWELL, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 W BROADWAY ST APT 22
 City GOLDENDALE State WA Zip Code 98620-9128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 KLINK IT AT VALLEY HEALTH EVS TECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 601.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2023
Transaction ID : SA11A.62717
 Amount of Each Receipt this Period
 98.00
 Memo Item
 CONTRIBUTION

C. SPURGEON, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 STABLE VIEW CIR
 City CHATTANOOGA State TN Zip Code 37405-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2023
Transaction ID : SA11A.50357
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	398.00
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 466 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STAHMANN, KATHRYN, ANN, MS,

Mailing Address **42 N TANGLEWOOD SPUR**

City SEDONA	State AZ	Zip Code 86351-7835
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 01 / 2023

Transaction ID : SA11A.50085

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STAHMANN, KATHRYN, ANN, MS,

Mailing Address **42 N TANGLEWOOD SPUR**

City SEDONA	State AZ	Zip Code 86351-7835
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 08 / 2023

Transaction ID : SA11A.53340

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STAHMANN, KATHRYN, ANN, MS,

Mailing Address **42 N TANGLEWOOD SPUR**

City SEDONA	State AZ	Zip Code 86351-7835
-----------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 03 / 2023

Transaction ID : SA11A.61202

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 467 OF 639
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STAMPER, JOHN, M, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2549 HIGHWAY 157
 City ELM GROVE State LA Zip Code 71051-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11A.46747
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. STAMPER, JOHN, M, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2549 HIGHWAY 157
 City ELM GROVE State LA Zip Code 71051-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023
Transaction ID : SA11A.57770
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. STEDKE, JANICE, C, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22586 DUGHILL RD
 City LIMA State OH Zip Code 45806-9508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 05 / 2023
Transaction ID : SA11A.50004
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 468 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STEINDLER, LINDA, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1654 FRENCHS AVE

City BALTIMORE	State MD	Zip Code 21221-2908
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
241.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2023

Transaction ID : SA11A.47500

Amount of Each Receipt this Period
94.00

Memo Item
CONTRIBUTION

B. STILWELL, LEONARD, L, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9341 NE BROADWAY

City PORTLAND	State OR	Zip Code 97220-4369
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.43560

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. STINSON, BRENDA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2023

Transaction ID : SA11A.46984

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	314.00
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 469 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STINSON, BRENDA, A, MRS,

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023

Transaction ID : SA11A.50579

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STINSON, BRENDA, A, MRS,

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023

Transaction ID : SA11A.57998

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STINSON, BRENDA, A, MRS,

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2023

Transaction ID : SA11A.61741

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 470 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STOCCO, LUIGI, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4925 CARLETON ROCKWOOD RD
 City SOUTH ROCKWOOD State MI Zip Code 48179-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt 12 / 20 / 2023
Transaction ID : SA11A.51967
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

B. STOCCO, LUIGI, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4925 CARLETON ROCKWOOD RD
 City SOUTH ROCKWOOD State MI Zip Code 48179-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.51968
 Amount of Each Receipt this Period 40.00
 Memo Item
 CONTRIBUTION

C. STOCCO, LUIGI, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4925 CARLETON ROCKWOOD RD
 City SOUTH ROCKWOOD State MI Zip Code 48179-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 464.00

Date of Receipt 09 / 08 / 2023
Transaction ID : SA11A.55138
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
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 471 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STOCCO, LUIGI, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4925 CARLETON ROCKWOOD RD

City SOUTH ROCKWOOD	State MI	Zip Code 48179-9759
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
464.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : SA11A.55139

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. STOCCO, LUIGI, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4925 CARLETON ROCKWOOD RD

City SOUTH ROCKWOOD	State MI	Zip Code 48179-9759
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
464.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2023

Transaction ID : SA11A.55140

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. STOCCO, LUIGI, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4925 CARLETON ROCKWOOD RD

City SOUTH ROCKWOOD	State MI	Zip Code 48179-9759
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
464.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2023

Transaction ID : SA11A.59281

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	184.00
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 472 OF 639
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STOCCO, LUIGI, S, MR,

Mailing Address **4925 CARLETON ROCKWOOD RD**

City SOUTH ROCKWOOD	State MI	Zip Code 48179-9759
-------------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
464.00

Date of Receipt
10 / 27 / 2023

Transaction ID : SA11A.59282

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STRAITE, KEITH, J, MR,

Mailing Address **11020 EL ARCO DR**

City WHITTIER	State CA	Zip Code 90604-3331
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
07 / 07 / 2023

Transaction ID : SA11A.43474

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STRAITE, KEITH, J, MR,

Mailing Address **11020 EL ARCO DR**

City WHITTIER	State CA	Zip Code 90604-3331
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
370.00

Date of Receipt
07 / 24 / 2023

Transaction ID : SA11A.43475

Amount of Each Receipt this Period
60.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 473 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STRAITE, KEITH, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11020 EL ARCO DR

City WHITTIER	State CA	Zip Code 90604-3331
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2023

Transaction ID : SA11A.47312

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. STRAITE, KEITH, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11020 EL ARCO DR

City WHITTIER	State CA	Zip Code 90604-3331
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2023

Transaction ID : SA11A.47313

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. STRAITE, KEITH, J, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11020 EL ARCO DR

City WHITTIER	State CA	Zip Code 90604-3331
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNEMPLOYED	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2023

Transaction ID : SA11A.54316

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	160.00
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 474 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STREVA, JERRY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 WORTH AVE
 City LAFAYETTE State LA Zip Code 70508-6636
 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 ▼ 546.00

Date of Receipt 08 / 02 / 2023
Transaction ID : SA11A.45573
 Amount of Each Receipt this Period 198.00
 Memo Item
CONTRIBUTION

B. STREVA, JERRY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 WORTH AVE
 City LAFAYETTE State LA Zip Code 70508-6636
 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 ▼ 546.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.45574
 Amount of Each Receipt this Period 99.00
 Memo Item
CONTRIBUTION

C. STREVA, JERRY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 WORTH AVE
 City LAFAYETTE State LA Zip Code 70508-6636
 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 ▼ 546.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.45575
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	347.00
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 475 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STREVA, JERRY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 WORTH AVE
 City LAFAYETTE State LA Zip Code 70508-6636
 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 ▼ 546.00

Date of Receipt 12 / 14 / 2023
Transaction ID : SA11A.49637
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. STRIETZEL, MARILYN, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14642 474TH AVE
 City MILBANK State SD Zip Code 57252-5404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2023
Transaction ID : SA11A.54324
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. STUBBS, CHARLES, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11593 W DEODAR ST
 City CRYSTAL RIVER State FL Zip Code 34428-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt 07 / 19 / 2023
Transaction ID : SA11A.43804
 Amount of Each Receipt this Period 47.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	297.00
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 476 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. STUBBS, CHARLES, A, MR,		Date of Receipt MM / DD / YYYY 08 / 24 / 2023
Mailing Address 11593 W DEODAR ST		Transaction ID : SA11A.47812
City CRYSTAL RIVER	State FL	Zip Code 34428-9173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STUBBS, CHARLES, A, MR,		Date of Receipt MM / DD / YYYY 09 / 18 / 2023
Mailing Address 11593 W DEODAR ST		Transaction ID : SA11A.54736
City CRYSTAL RIVER	State FL	Zip Code 34428-9173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 94.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. STUCKY, JAY, R, DR,		Date of Receipt MM / DD / YYYY 12 / 12 / 2023
Mailing Address 3005 SIERRA PKWY		Transaction ID : SA11A.50516
City HUTCHINSON	State KS	Zip Code 67502-2972
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	341.00
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 477 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STUCKY, JAY, R, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3005 SIERRA PKWY

City HUTCHINSON	State KS	Zip Code 67502-2972
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2023

Transaction ID : SA11A.57904

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SUDWEEKS, IRVA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 62 BOX 430386

City KINGSTON	State UT	Zip Code 84743-6202
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2023

Transaction ID : SA11A.43471

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. SUDWEEKS, IRVA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address HC 62 BOX 430386

City KINGSTON	State UT	Zip Code 84743-6202
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2023

Transaction ID : SA11A.43472

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	182.00
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 478 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SUDWEEKS, IRVA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address HC 62 BOX 430386
 City KINGSTON State UT Zip Code 84743-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 09 / 08 / 2023
Transaction ID : SA11A.54315
 Amount of Each Receipt this Period: 20.00
 Memo Item
 CONTRIBUTION

B. SUDWEEKS, IRVA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address HC 62 BOX 430386
 City KINGSTON State UT Zip Code 84743-6202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 10 / 10 / 2023
Transaction ID : SA11A.58298
 Amount of Each Receipt this Period: 50.00
 Memo Item
 CONTRIBUTION

C. SUMLIN, MELBA, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 COOKTOWN RD
 City RUSTON State LA Zip Code 71270-3652
 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 ▼ 425.00

Date of Receipt: 07 / 06 / 2023
Transaction ID : SA11A.42868
 Amount of Each Receipt this Period: 75.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 479 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SUMLIN, MELBA, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 COOKTOWN RD
 City RUSTON State LA Zip Code 71270-3652
 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 ▼ 425.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.46529
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION

B. SUMLIN, MELBA, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 COOKTOWN RD
 City RUSTON State LA Zip Code 71270-3652
 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 ▼ 425.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA11A.53611
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION

C. SUMLIN, MELBA, B, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 COOKTOWN RD
 City RUSTON State LA Zip Code 71270-3652
 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 ▼ 425.00

Date of Receipt 11 / 20 / 2023
Transaction ID : SA11A.61435
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 480 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SWAIM, ALICE, A, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8838 KENZIE COVE ST
 City LAS VEGAS State NV Zip Code 89131-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023
Transaction ID : SA11A.55379
 Amount of Each Receipt this Period
 49.00
 Memo Item
CONTRIBUTION

B. SWAIM, ALICE, A, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8838 KENZIE COVE ST
 City LAS VEGAS State NV Zip Code 89131-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : SA11A.55380
 Amount of Each Receipt this Period
 70.00
 Memo Item
CONTRIBUTION

C. SWAIM, ALICE, A, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8838 KENZIE COVE ST
 City LAS VEGAS State NV Zip Code 89131-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 303.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2023
Transaction ID : SA11A.59550
 Amount of Each Receipt this Period
 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	169.00
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 481 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TANNER, THOMAS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 BRAMBLEWOOD DR
 City NASHVILLE State TN Zip Code 37211-4310
 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 ▼ 293.00

Date of Receipt 07 / 17 / 2023
Transaction ID : SA11A.44222
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

B. TANNER, THOMAS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 BRAMBLEWOOD DR
 City NASHVILLE State TN Zip Code 37211-4310
 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 ▼ 293.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.48379
 Amount of Each Receipt this Period 24.00
 Memo Item
CONTRIBUTION

C. TANNER, THOMAS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 BRAMBLEWOOD DR
 City NASHVILLE State TN Zip Code 37211-4310
 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 ▼ 293.00

Date of Receipt 10 / 03 / 2023
Transaction ID : SA11A.59324
 Amount of Each Receipt this Period 48.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 482 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TANNER, THOMAS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 BRAMBLEWOOD DR
 City NASHVILLE State TN Zip Code 37211-4310
 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 ▼ 293.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11A.59325
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

B. TANNER, THOMAS, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 418 BRAMBLEWOOD DR
 City NASHVILLE State TN Zip Code 37211-4310
 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 ▼ 293.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.62715
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

C. TELES, MANUEL, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 PASSAGE LN
 City BARNEGAT State NJ Zip Code 08005-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11A.47083
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	84.00
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 483 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TELES, MANUEL, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 PASSAGE LN
 City BARNEGAT State NJ Zip Code 08005-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023
Transaction ID : SA11A.50648
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. TELES, MANUEL, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 PASSAGE LN
 City BARNEGAT State NJ Zip Code 08005-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023
Transaction ID : SA11A.54121
 Amount of Each Receipt this Period
 34.00
 Memo Item
 CONTRIBUTION

C. TELES, MANUEL, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 PASSAGE LN
 City BARNEGAT State NJ Zip Code 08005-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 202.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2023
Transaction ID : SA11A.58092
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	134.00
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 484 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TELES, MANUEL, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 PASSAGE LN
 City BARNEGAT State NJ Zip Code 08005-3340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 11 / 27 / 2023
Transaction ID : SA11A.61809
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. TEODOR, CELESTE, L, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 81466
 City LAS VEGAS State NV Zip Code 89180-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.44874
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. TEODOR, CELESTE, L, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 81466
 City LAS VEGAS State NV Zip Code 89180-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 26 / 2023
Transaction ID : SA11A.49480
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	234.00
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 485 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TEODOR, CELESTE, L, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 81466
 City LAS VEGAS State NV Zip Code 89180-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 18 / 2023
Transaction ID : SA11A.56350
 Amount of Each Receipt this Period: 100.00
 Memo Item CONTRIBUTION

B. THOMPSON, JODI, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73697 334 AVE
 City IMPERIAL State NE Zip Code 69033-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 11 / 2023
Transaction ID : SA11A.51270
 Amount of Each Receipt this Period: 250.00
 Memo Item CONTRIBUTION

C. THOMPSON, NANCY, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 REYNOLDS DR
 City EATONTON State GA Zip Code 31024-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 21 / 2023
Transaction ID : SA11A.47763
 Amount of Each Receipt this Period: 400.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 486 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THORPE, PATRICIA, M, MRS,

Mailing Address 432 WASHINGTON AVE

City ONEIDA	State NY	Zip Code 13421-1906
----------------	-------------	------------------------

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 ▼
296.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA11A.46364

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THORPE, PATRICIA, M, MRS,

Mailing Address 432 WASHINGTON AVE

City ONEIDA	State NY	Zip Code 13421-1906
----------------	-------------	------------------------

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 ▼
296.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2023

Transaction ID : SA11A.50196

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THORPE, PATRICIA, M, MRS,

Mailing Address 432 WASHINGTON AVE

City ONEIDA	State NY	Zip Code 13421-1906
----------------	-------------	------------------------

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 ▼
296.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2023

Transaction ID : SA11A.53463

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	148.00
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 487 OF 639
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. THORPE, PATRICIA, M, MRS,

Mailing Address **432 WASHINGTON AVE**

City ONEIDA	State NY	Zip Code 13421-1906
-----------------------	--------------------	-------------------------------

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 ▼ **296.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2023

Transaction ID : SA11A.57411

Amount of Each Receipt this Period
50.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. THURMAN, J, , ,

Mailing Address **20075 BERNS CT**

City GROSSE POINTE WOOD	State MI	Zip Code 48236-2302
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2023

Transaction ID : SA11A.48649

Amount of Each Receipt this Period
1000.00

Memo Item
 CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TIEDEMAN, WALTER, E, MR,

Mailing Address **11378 EARLYWOOD DR**

City DALLAS	State TX	Zip Code 75218-1320
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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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2023

Transaction ID : SA11A.49350

Amount of Each Receipt this Period
100.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1150.00
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 488 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TIEDEMAN, WALTER, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11378 EARLYWOOD DR
 City DALLAS State TX Zip Code 75218-1320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : SA11A.52417
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

B. TIEDEMAN, WALTER, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11378 EARLYWOOD DR
 City DALLAS State TX Zip Code 75218-1320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **11 / 27 / 2023**
Transaction ID : SA11A.60118
 Amount of Each Receipt this Period 75.00
 Memo Item
 CONTRIBUTION

C. TILLACK, BARBARA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4764 S PLYMOUTH VIEW DR APT 207
 City TAYLORSVILLE State UT Zip Code 84123-4264
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 05 / 2023**
Transaction ID : SA11A.43010
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	170.00
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 489 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.43011

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2023

Transaction ID : SA11A.46701

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2023

Transaction ID : SA11A.50427

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 490 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023

Transaction ID : SA11A.50428

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023

Transaction ID : SA11A.53770

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TILLACK, BARBARA, , MRS,

Mailing Address 4764 S PLYMOUTH VIEW DR APT 207

City TAYLORSVILLE	State UT	Zip Code 84123-4264
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2023

Transaction ID : SA11A.61564

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	60.00
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 491 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2023

Transaction ID : SA11A.41922

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2023

Transaction ID : SA11A.41923

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2023

Transaction ID : SA11A.45248

Amount of Each Receipt this Period
46.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 492 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2023

Transaction ID : SA11A.49386

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2023

Transaction ID : SA11A.52448

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2023

Transaction ID : SA11A.52449

Amount of Each Receipt this Period
27.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	121.00
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 493 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2023

Transaction ID : SA11A.56213

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2023

Transaction ID : SA11A.60148

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. TOM, BILLIE, W, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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 ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2023

Transaction ID : SA11A.60149

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	141.00
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 494 OF 639
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TRIFF, GEORGE, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 173
 City OAK FOREST State IL Zip Code 60452-0173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.56767
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. TRIFF, GEORGE, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 173
 City OAK FOREST State IL Zip Code 60452-0173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2023
Transaction ID : SA11A.56768
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. TUKE, THOMAS, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 HAYFIELD WAY
 City PITTSFORD State NY Zip Code 14534-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUKE AGENCY Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2023
Transaction ID : SA11A.50438
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
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 495 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TUKE, THOMAS, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 HAYFIELD WAY
 City PITTSFORD State NY Zip Code 14534-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TUKE AGENCY Occupation (for Individual) INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 12 / 2023**
Transaction ID : SA11A.50439
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1187.00

Date of Receipt **08 / 04 / 2023**
Transaction ID : SA11A.45481
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1187.00

Date of Receipt **12 / 15 / 2023**
Transaction ID : SA11A.49568
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 496 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TWEEDY, PATTY, L, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2064 WILLOWDALE DR

City STOW State OH Zip Code 44224-1838

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1187.00

Date of Receipt 10 / 02 / 2023
Transaction ID : SA11A.56483

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

B. TYNDALL, J, PHILLIP, DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10162 CHAPMANS CV

City FORT WAYNE State IN Zip Code 46835-9264

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED RN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2023
Transaction ID : SA11A.46323

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

C. ULRICH, WARREN, J, MR, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2505 SW 85TH CT

City PORTLAND State OR Zip Code 97225-3959

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2023
Transaction ID : SA11A.44500

Amount of Each Receipt this Period 250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 497 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. UNCAPHER, JAMES, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5795 SERENE DR
 City BEAUMONT State TX Zip Code 77706-3433
 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 08 / 03 / 2023
Transaction ID : SA11A.45552
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

B. UNCAPHER, JAMES, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5795 SERENE DR
 City BEAUMONT State TX Zip Code 77706-3433
 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 11 / 15 / 2023
Transaction ID : SA11A.60395
 Amount of Each Receipt this Period 200.00
 Memo Item
CONTRIBUTION

C. URBINA, ALBERT, G, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17238 BOCA CLUB BLVD APT 103
 City BOCA RATON State FL Zip Code 33487-1090
 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 ▼ 675.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43163
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 498 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. URBINA, ALBERT, G, MR, RET

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2023

Transaction ID : SA11A.46893

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. URBINA, ALBERT, G, MR, RET

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2023

Transaction ID : SA11A.46894

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. URBINA, ALBERT, G, MR, RET

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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 ▼
675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2023

Transaction ID : SA11A.50527

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
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 499 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. URBINA, ALBERT, G, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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 ▼
 675.00

Date of Receipt
 11 / 02 / 2023
Transaction ID : SA11A.61692

Amount of Each Receipt this Period
 100.00

Memo Item
 CONTRIBUTION

B. VANDE GIESSEN, LARRY, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 WILDRIDGE CT NE

City GRAND RAPIDS	State MI	Zip Code 49525-3044
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 07 / 19 / 2023
Transaction ID : SA11A.42727

Amount of Each Receipt this Period
 35.00

Memo Item
 CONTRIBUTION

C. VANDE GIESSEN, LARRY, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2742 WILDRIDGE CT NE

City GRAND RAPIDS	State MI	Zip Code 49525-3044
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 08 / 07 / 2023
Transaction ID : SA11A.46337

Amount of Each Receipt this Period
 25.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 500 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VANDE GIESSEN, LARRY, W, MR,

Mailing Address 2742 WILDRIDGE CT NE

City GRAND RAPIDS	State MI	Zip Code 49525-3044
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2023

Transaction ID : SA11A.50170

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VANDE GIESSEN, LARRY, W, MR,

Mailing Address 2742 WILDRIDGE CT NE

City GRAND RAPIDS	State MI	Zip Code 49525-3044
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023

Transaction ID : SA11A.53439

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VANDE GIESSEN, LARRY, W, MR,

Mailing Address 2742 WILDRIDGE CT NE

City GRAND RAPIDS	State MI	Zip Code 49525-3044
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2023

Transaction ID : SA11A.61288

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	105.00
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 501 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VAUGHN, THERESE, H, MRS,

Mailing Address 2010 WOODHAVEN LN

City DULUTH	State MN	Zip Code 55803-2447
----------------	-------------	------------------------

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 ▼
724.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2023

Transaction ID : SA11A.42058

Amount of Each Receipt this Period
74.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VAUGHN, THERESE, H, MRS,

Mailing Address 2010 WOODHAVEN LN

City DULUTH	State MN	Zip Code 55803-2447
----------------	-------------	------------------------

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 ▼
724.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2023

Transaction ID : SA11A.42059

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VAUGHN, THERESE, H, MRS,

Mailing Address 2010 WOODHAVEN LN

City DULUTH	State MN	Zip Code 55803-2447
----------------	-------------	------------------------

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 ▼
724.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.52622

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	324.00
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 502 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. VAUGHN, THERESE, H, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 WOODHAVEN LN
 City DULUTH State MN Zip Code 55803-2447
 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 ▼ 724.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.60316
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

B. VELIKY, DONALD, J, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5535 OAK LN
 City FRUITLAND PARK State FL Zip Code 34731-6027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 01 / 2023
Transaction ID : SA11A.45596
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

C. VELIKY, DONALD, J, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5535 OAK LN
 City FRUITLAND PARK State FL Zip Code 34731-6027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.45597
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 503 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. VELIKY, DONALD, J, MR, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5535 OAK LN

City FRUITLAND PARK	State FL	Zip Code 34731-6027
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2023

Transaction ID : SA11A.52776

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

B. VELIKY, DONALD, J, MR, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5535 OAK LN

City FRUITLAND PARK	State FL	Zip Code 34731-6027
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2023

Transaction ID : SA11A.56601

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. VEREEN, GEORGE, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1015 VEREEN DR

City NORTH MYRTLE BEACH	State SC	Zip Code 29582-2898
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2023

Transaction ID : SA11A.42185

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 504 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. VEREEN, GEORGE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 VEREEN DR
 City NORTH MYRTLE BEACH State SC Zip Code 29582-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.45599
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

B. VEREEN, GEORGE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 VEREEN DR
 City NORTH MYRTLE BEACH State SC Zip Code 29582-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 11 / 2023
Transaction ID : SA11A.52778
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. VEREEN, GEORGE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 VEREEN DR
 City NORTH MYRTLE BEACH State SC Zip Code 29582-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 25 / 2023
Transaction ID : SA11A.52779
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	140.00
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 505 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. VEREEN, GEORGE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 VEREEN DR
 City NORTH MYRTLE BEACH State SC Zip Code 29582-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 06 / 2023**
Transaction ID : SA11A.56604
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. VEREEN, GEORGE, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1015 VEREEN DR
 City NORTH MYRTLE BEACH State SC Zip Code 29582-2898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt **11 / 02 / 2023**
Transaction ID : SA11A.60429
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

C. WADDINGTON, JAMES, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 GRAVELLE DR
 City LITTLE ROCK State AR Zip Code 72223-9117
 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 ▼ 450.00

Date of Receipt **12 / 18 / 2023**
Transaction ID : SA11A.51377
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 190.00
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 506 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WADDINGTON, JAMES, , MR,

Mailing Address 10 GRAVELLE DR

City LITTLE ROCK	State AR	Zip Code 72223-9117
---------------------	-------------	------------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2023
Transaction ID : SA11A.59896

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALDRON, GARY, K, MR,

Mailing Address 6543 CHAMPETRE CT

City RENO	State NV	Zip Code 89511-5077
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2023
Transaction ID : SA11A.56233

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,

Mailing Address 119 SHAWNEE TRL

City PRUDENVILLE	State MI	Zip Code 48651-9727
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 10 / 2023
Transaction ID : SA11A.42906

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	385.00
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 507 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,

Mailing Address 119 SHAWNEE TRL

City PRUDENVILLE	State MI	Zip Code 48651-9727
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2023

Transaction ID : SA11A.42907

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,

Mailing Address 119 SHAWNEE TRL

City PRUDENVILLE	State MI	Zip Code 48651-9727
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2023

Transaction ID : SA11A.53661

Amount of Each Receipt this Period
70.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,

Mailing Address 119 SHAWNEE TRL

City PRUDENVILLE	State MI	Zip Code 48651-9727
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2023

Transaction ID : SA11A.57622

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	155.00
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 508 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,
Mailing Address 119 SHAWNEE TRL
City PRUDENVILLE State MI Zip Code 48651-9727
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.61490
Amount of Each Receipt this Period 70.00
 Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALL, IRENE, B, MRS,
Mailing Address 119 SHAWNEE TRL
City PRUDENVILLE State MI Zip Code 48651-9727
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00

Date of Receipt 11 / 24 / 2023
Transaction ID : SA11A.61491
Amount of Each Receipt this Period 70.00
 Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WALRAVEN, DIANN, P, MRS,
Mailing Address 291 OAK ST
City RANDOLPH State MA Zip Code 02368-3829
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 28 / 2023
Transaction ID : SA11A.44866
Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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 509 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WALTHER, CLAUS, EBERHARD, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 COTTAGE ST SW
 City VIENNA State VA Zip Code 22180-6311
 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 ▼ 260.00

Date of Receipt **07 / 25 / 2023**
Transaction ID : SA11A.42427
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

B. WALTHER, CLAUS, EBERHARD, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 COTTAGE ST SW
 City VIENNA State VA Zip Code 22180-6311
 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 ▼ 260.00

Date of Receipt **08 / 25 / 2023**
Transaction ID : SA11A.45900
 Amount of Each Receipt this Period 5.00
 Memo Item
 CONTRIBUTION

C. WALTHER, CLAUS, EBERHARD, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 COTTAGE ST SW
 City VIENNA State VA Zip Code 22180-6311
 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 ▼ 260.00

Date of Receipt **12 / 14 / 2023**
Transaction ID : SA11A.49848
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 510 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WALTHER, CLAUS, EBERHARD, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 COTTAGE ST SW
 City VIENNA State VA Zip Code 22180-6311
 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 ▼ 260.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : SA11A.53051
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

B. WALTHER, CLAUS, EBERHARD, MR, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 708 COTTAGE ST SW
 City VIENNA State VA Zip Code 22180-6311
 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 ▼ 260.00

Date of Receipt **11 / 22 / 2023**
Transaction ID : SA11A.60701
 Amount of Each Receipt this Period 20.00
 Memo Item
CONTRIBUTION

C. WARD, SUMIE, Y, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 78
 City PENRYN State CA Zip Code 95663-0078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA11A.61153
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 511 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WARREN, ALETA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2529 E GREYSTONE CT
 City EAGLE State ID Zip Code 83616-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.46675
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

B. WARREN, ALETA, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2529 E GREYSTONE CT
 City EAGLE State ID Zip Code 83616-6806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 15 / 2023
Transaction ID : SA11A.61546
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

C. WASHINGTON, MARGARET, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10906 CHEVY CHASE DR
 City HOUSTON State TX Zip Code 77042-2605
 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 ▼ 500.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42772
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 512 OF 639

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WEATHERS, ROBIN, L, MRS,

Mailing Address **PO BOX 1269**

City **SHADY COVE** State **OR** Zip Code **97539-1269**

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 ▼ **1068.00**

Date of Receipt **10 / 19 / 2023**

Transaction ID : SA11A.58699

Amount of Each Receipt this Period **34.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WEATHERS, ROBIN, L, MRS,

Mailing Address **PO BOX 1269**

City **SHADY COVE** State **OR** Zip Code **97539-1269**

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 ▼ **1068.00**

Date of Receipt **11 / 03 / 2023**

Transaction ID : SA11A.62262

Amount of Each Receipt this Period **1034.00**

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WEBB, JEAN, F, MR, IV

Mailing Address **304 PARRY DR**

City **MOORESTOWN** State **NJ** Zip Code **08057-3512**

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 **09 / 20 / 2023**

Transaction ID : SA11A.53279

Amount of Each Receipt this Period **100.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1168.00**

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 513 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WEBB, JEAN, F, MR, IV

Mailing Address **304 PARRY DR**

City MOORESTOWN	State NJ	Zip Code 08057-3512
---------------------------	--------------------	-------------------------------

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
10 / 06 / 2023

Transaction ID : SA11A.57179

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WEGNER, MARILYN, M, MS,

Mailing Address **34 MIDDLE AVE**

City JONESTOWN	State PA	Zip Code 17038-8912
--------------------------	--------------------	-------------------------------

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 ▼ **230.00**

Date of Receipt
08 / 17 / 2023

Transaction ID : SA11A.47823

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WEGNER, MARILYN, M, MS,

Mailing Address **34 MIDDLE AVE**

City JONESTOWN	State PA	Zip Code 17038-8912
--------------------------	--------------------	-------------------------------

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 ▼ **230.00**

Date of Receipt
08 / 24 / 2023

Transaction ID : SA11A.47824

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 514 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEGNER, MARILYN, M, MS,

Mailing Address 34 MIDDLE AVE

City JONESTOWN State PA Zip Code 17038-8912

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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2023

Transaction ID : SA11A.51638

Amount of Each Receipt this Period
 35.00

Memo Item
 CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEGNER, MARILYN, M, MS,

Mailing Address 34 MIDDLE AVE

City JONESTOWN State PA Zip Code 17038-8912

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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2023

Transaction ID : SA11A.58774

Amount of Each Receipt this Period
 35.00

Memo Item
 CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEGNER, MARILYN, M, MS,

Mailing Address 34 MIDDLE AVE

City JONESTOWN State PA Zip Code 17038-8912

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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2023

Transaction ID : SA11A.62312

Amount of Each Receipt this Period
 40.00

Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 515 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WELLS, JEANETTE, L, MS,

Mailing Address 18829 111TH ST E

City BONNEY LAKE	State WA	Zip Code 98391-8028
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2023

Transaction ID : SA11A.48589

Amount of Each Receipt this Period
33.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WELLS, JEANETTE, L, MS,

Mailing Address 18829 111TH ST E

City BONNEY LAKE	State WA	Zip Code 98391-8028
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2023

Transaction ID : SA11A.55358

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WELLS, JEANETTE, L, MS,

Mailing Address 18829 111TH ST E

City BONNEY LAKE	State WA	Zip Code 98391-8028
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2023

Transaction ID : SA11A.59530

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	107.00
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 516 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WELLS, JEANETTE, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18829 111TH ST E
 City BONNEY LAKE State WA Zip Code 98391-8028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2023
Transaction ID : SA11A.62877
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

B. WESTBROOK, DEBRA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 WAIMEA DR
 City DOWNINGTOWN State PA Zip Code 19335-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2023
Transaction ID : SA11A.43024
 Amount of Each Receipt this Period
 20.00
 Memo Item
 CONTRIBUTION

C. WESTBROOK, DEBRA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 WAIMEA DR
 City DOWNINGTOWN State PA Zip Code 19335-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2023
Transaction ID : SA11A.46720
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 517 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2023

Transaction ID : SA11A.46721

Amount of Each Receipt this Period
34.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2023

Transaction ID : SA11A.50437

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : SA11A.53796

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	89.00
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 518 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WESTBROOK, DEBRA, A, MS,			Date of Receipt MM / DD / YYYY 09 / 18 / 2023
Mailing Address 1510 WAIMEA DR			Transaction ID : SA11A.53797
City DOWNTOWN	State PA	Zip Code 19335-3746	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WESTBROOK, DEBRA, A, MS,			Date of Receipt MM / DD / YYYY 09 / 19 / 2023
Mailing Address 1510 WAIMEA DR			Transaction ID : SA11A.53798
City DOWNTOWN	State PA	Zip Code 19335-3746	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WESTBROOK, DEBRA, A, MS,			Date of Receipt MM / DD / YYYY 10 / 17 / 2023
Mailing Address 1510 WAIMEA DR			Transaction ID : SA11A.57759
City DOWNTOWN	State PA	Zip Code 19335-3746	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 404.00		

SUBTOTAL of Receipts This Page (optional).....	140.00
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 519 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2023

Transaction ID : SA11A.57760

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WESTBROOK, DEBRA, A, MS,

Mailing Address 1510 WAIMEA DR

City DOWNTOWN	State PA	Zip Code 19335-3746
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2023

Transaction ID : SA11A.61578

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHALEY, THOMAS, J, MR,

Mailing Address 7211 KEBIR CT

City FORT WAYNE	State IN	Zip Code 46815-6481
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
281.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 04 / 2023

Transaction ID : SA11A.45785

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	180.00
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 520 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WHALEY, THOMAS, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7211 KEBIR CT
 City FORT WAYNE State IN Zip Code 46815-6481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.45786
 Amount of Each Receipt this Period 34.00
 Memo Item
 CONTRIBUTION

B. WHALEY, THOMAS, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7211 KEBIR CT
 City FORT WAYNE State IN Zip Code 46815-6481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 12 / 13 / 2023
Transaction ID : SA11A.49766
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. WHALEY, THOMAS, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7211 KEBIR CT
 City FORT WAYNE State IN Zip Code 46815-6481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 09 / 01 / 2023
Transaction ID : SA11A.52957
 Amount of Each Receipt this Period 47.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	181.00
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 521 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WHITAKER, HERBERT, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 386 BULL SWAMP RD
 City SAINT MATTHEWS State SC Zip Code 29135-7983
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2023
Transaction ID : SA11A.47607
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. WHITE, LAWRENCE, P, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27346 VISTA AZUL
 City CAPISTRANO BEACH State CA Zip Code 92624-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 08 / 2023
Transaction ID : SA11A.45081
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. WHITE, LUELLA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 113TH ST S
 City TACOMA State WA Zip Code 98444-2506
 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 ▼ 270.00

Date of Receipt 08 / 04 / 2023
Transaction ID : SA11A.47092
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 522 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WHITE, LUELLA, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1603 113TH ST S
 City TACOMA State WA Zip Code 98444-2506
 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 ▼ 270.00

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.54123
 Amount of Each Receipt this Period 150.00
 Memo Item
CONTRIBUTION

B. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 07 / 06 / 2023
Transaction ID : SA11A.41906
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

C. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 07 / 28 / 2023
Transaction ID : SA11A.41907
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 523 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.45228
 Amount of Each Receipt this Period 49.00
 Memo Item
 CONTRIBUTION

B. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 08 / 30 / 2023
Transaction ID : SA11A.45229
 Amount of Each Receipt this Period 45.50
 Memo Item
 CONTRIBUTION

C. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 12 / 18 / 2023
Transaction ID : SA11A.49361
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	144.50
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 524 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 09 / 26 / 2023
Transaction ID : SA11A.52424
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. WHITTEN, ARCHIE, G, MR, USAF RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1009 W MAIN ST
 City COMO State TX Zip Code 75431-2809
 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 ▼ 404.50

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11A.60127
 Amount of Each Receipt this Period 40.00
 Memo Item
CONTRIBUTION

C. WHORTON, CAROLYN, B, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5443 JOHN REYNOLDS DR
 City JACKSONVILLE State FL Zip Code 32277-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 314.00

Date of Receipt 08 / 03 / 2023
Transaction ID : SA11A.45449
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 525 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHORTON, CAROLYN, B, MRS,

Mailing Address 5443 JOHN REYNOLDS DR

City JACKSONVILLE	State FL	Zip Code 32277-1341
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
314.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2023

Transaction ID : SA11A.45450

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHORTON, CAROLYN, B, MRS,

Mailing Address 5443 JOHN REYNOLDS DR

City JACKSONVILLE	State FL	Zip Code 32277-1341
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
314.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2023

Transaction ID : SA11A.45451

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHORTON, CAROLYN, B, MRS,

Mailing Address 5443 JOHN REYNOLDS DR

City JACKSONVILLE	State FL	Zip Code 32277-1341
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
314.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2023

Transaction ID : SA11A.52652

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 526 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHORTON, CAROLYN, B, MRS,

Mailing Address 5443 JOHN REYNOLDS DR

City JACKSONVILLE	State FL	Zip Code 32277-1341
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
314.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2023

Transaction ID : SA11A.56457

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHORTON, CAROLYN, B, MRS,

Mailing Address 5443 JOHN REYNOLDS DR

City JACKSONVILLE	State FL	Zip Code 32277-1341
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
314.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2023

Transaction ID : SA11A.60338

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WILLIAMS, BRADY, B, MR,

Mailing Address 10238 CATLETT LN

City LA PORTE	State TX	Zip Code 77571-4216
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2023

Transaction ID : SA11A.52890

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
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 527 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WILLIAMS, BRADY, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10238 CATLETT LN
 City LA PORTE State TX Zip Code 77571-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2023
Transaction ID : SA11A.60543
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION

B. WILLIAMS, WAYNE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1330 N CRAPE MYRTLE DR
 City AZUSA State CA Zip Code 91702-6289
 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 ▼ 250.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.54237
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

C. WILSON, ANTHONY, T, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2062 SPYGLASS TRL E
 City OXNARD State CA Zip Code 93036-2763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 25 / 2023
Transaction ID : SA11A.43752
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 528 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WILSON, ANTHONY, T, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2062 SPYGLASS TRL E
 City OXNARD State CA Zip Code 93036-2763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 12 / 2023
Transaction ID : SA11A.54667
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION

B. WINNAIL, JANE, C, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 615 S 234TH ST
 City WATERLOO State NE Zip Code 68069-3803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 08 / 2023
Transaction ID : SA11A.52407
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. WISVARI, JAMES, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 W 44TH ST
 City SHADYSIDE State OH Zip Code 43947-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.44887
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	625.00
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 529 OF 639
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WYNESS, SUZANNE, M, MRS,

Mailing Address **91 W PLAZA DEL SOL**

City ISLAMORADA	State FL	Zip Code 33036-4120
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2023

Transaction ID : SA11A.55904

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. XU, PANXI, , ,

Mailing Address **141 TINKER ST**

City WOODSTOCK	State NY	Zip Code 12498-1143
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 11 / 2023

Transaction ID : SA11A.48428

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. XU, PANXI, , ,

Mailing Address **141 TINKER ST**

City WOODSTOCK	State NY	Zip Code 12498-1143
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2023

Transaction ID : SA11A.52035

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 530 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YANEZ, OFELIA, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 E 25TH ST
 City TUCSON State AZ Zip Code 85713-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2023
Transaction ID : SA11A.46248
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. YANEZ, OFELIA, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 E 25TH ST
 City TUCSON State AZ Zip Code 85713-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2023
Transaction ID : SA11A.46249
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION

C. YANEZ, OFELIA, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 E 25TH ST
 City TUCSON State AZ Zip Code 85713-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2023
Transaction ID : SA11A.61222
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 531 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YANEZ, OFELIA, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3117 E 25TH ST
 City TUCSON State AZ Zip Code 85713-2206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2023
Transaction ID : SA11A.61223
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. YARLING, RICHARD, W, LT, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 RIO BRISAS CV
 City ROUND ROCK State TX Zip Code 78681-2625
 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 ▼ 425.00

Date of Receipt 07 / 03 / 2023
Transaction ID : SA11A.42331
 Amount of Each Receipt this Period 44.00
 Memo Item
 CONTRIBUTION

C. YARLING, RICHARD, W, LT, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 RIO BRISAS CV
 City ROUND ROCK State TX Zip Code 78681-2625
 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 ▼ 425.00

Date of Receipt 08 / 09 / 2023
Transaction ID : SA11A.45764
 Amount of Each Receipt this Period 44.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	138.00
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 532 OF 639
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YARLING, RICHARD, W, LT, USN RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 RIO BRISAS CV

City ROUND ROCK	State TX	Zip Code 78681-2625
--------------------	-------------	------------------------

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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2023

Transaction ID : SA11A.45765

Amount of Each Receipt this Period
88.00

Memo Item
CONTRIBUTION

B. YARLING, RICHARD, W, LT, USN RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 RIO BRISAS CV

City ROUND ROCK	State TX	Zip Code 78681-2625
--------------------	-------------	------------------------

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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2023

Transaction ID : SA11A.52936

Amount of Each Receipt this Period
44.00

Memo Item
CONTRIBUTION

C. YARLING, RICHARD, W, LT, USN RET

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 RIO BRISAS CV

City ROUND ROCK	State TX	Zip Code 78681-2625
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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 ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2023

Transaction ID : SA11A.56786

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	177.00
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 533 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YARLING, RICHARD, W, LT, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 RIO BRISAS CV
 City ROUND ROCK State TX Zip Code 78681-2625
 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 ▼ 425.00

Date of Receipt **11 / 02 / 2023**
Transaction ID : SA11A.60582
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. YARLING, RICHARD, W, LT, USN RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 RIO BRISAS CV
 City ROUND ROCK State TX Zip Code 78681-2625
 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 ▼ 425.00

Date of Receipt **11 / 28 / 2023**
Transaction ID : SA11A.60583
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt **08 / 04 / 2023**
Transaction ID : SA11A.46313
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 534 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11A.46314
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

B. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.46315
 Amount of Each Receipt this Period 50.00
 Memo Item
 CONTRIBUTION

C. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt 12 / 21 / 2023
Transaction ID : SA11A.50155
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 535 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 435.00

Date of Receipt **09 / 21 / 2023**
Transaction ID : SA11A.53427
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

B. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 435.00

Date of Receipt **10 / 03 / 2023**
Transaction ID : SA11A.57364
 Amount of Each Receipt this Period 50.00
 Memo Item
CONTRIBUTION

C. YESKO, JOHN, M, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 AVONDALE RD
 City GREENWOOD LK State NY Zip Code 10925-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNNY MARITIME COLLAGE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 435.00

Date of Receipt **11 / 14 / 2023**
Transaction ID : SA11A.61275
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 536 OF 639
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ZICK, ALFORD, E, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ROLLING HILLS DR

City BARRINGTON	State IL	Zip Code 60010-9333
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2023

Transaction ID : SA11A.46213

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. ZICK, ALFORD, E, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ROLLING HILLS DR

City BARRINGTON	State IL	Zip Code 60010-9333
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

Transaction ID : SA11A.53338

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

C. ZICK, ALFORD, E, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 ROLLING HILLS DR

City BARRINGTON	State IL	Zip Code 60010-9333
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2023

Transaction ID : SA11A.57255

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	140.00
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 537 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLEVELAND FUNERAL HOME INC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 1742

City CLEVELAND	State MS	Zip Code 38732-1742
-------------------	-------------	------------------------

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 ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2023

Transaction ID : SA11A.41556

Amount of Each Receipt this Period
10000.00

Memo Item
CONTRIBUTION

B. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2023

Transaction ID : SA11C.22424

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. PABLO, MARY, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 RICHWOOD CIRCLE

City ROGERS	State AR	Zip Code 72756-1766
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 21 / 2023

Transaction ID : SA11A.22426

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	10025.00
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 538 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
07 / 24 / 2023

Transaction ID : SA11C.22427

Amount of Each Receipt this Period
44.76

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BRESCIA, JAMES, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **67 GEERY AVE**

City HOLBROOK	State NY	Zip Code 11741-1112
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
KBS MAINTENANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.12

Date of Receipt
07 / 24 / 2023

Transaction ID : SA11A.22428

Amount of Each Receipt this Period
17.76

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
07 / 25 / 2023

Transaction ID : SA11C.22431

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	17.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 539 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLAYTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10036 WEST ARGENT ROAD
 City PASCO State WA Zip Code 99301-8211
 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 07 / 25 / 2023
Transaction ID : SA11A.22432
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11C.26414
 Amount of Each Receipt this Period 3397.39
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 20 / 2023
Transaction ID : SA11A.26415
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 540 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CAMERON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 PROSPECT CT
 City CHESAPEAKE State VA Zip Code 23322-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AERMOR LLC Occupation (for Individual) TRAINING SPECIALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 19 / 2023**
Transaction ID : SA11A.26423
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 20 / 2023**
Transaction ID : SA11A.26417
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. JONES, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1828
 City ELKO State NV Zip Code 89803-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NATURAL NUTRITION Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt **07 / 17 / 2023**
Transaction ID : SA11A.26425
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 541 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 07 / 09 / 2023
Transaction ID : SA11A.26568
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. REECE, RACHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3049 OAK
 City GROVES State TX Zip Code 77619-5775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BECHTEL Occupation (for Individual) OIL AND GAS CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 01 / 2023
Transaction ID : SA11A.26700
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. RUBERY, TONITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 353 JONESTOWN RD
 City WINSTON SALEM State NC Zip Code 27104-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 08 / 2023
Transaction ID : SA11A.26665
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1275.00
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 542 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA11C.35426

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. REECE, RACHEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3049 OAK

City GROVES	State TX	Zip Code 77619-5775
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
BECHTEL OIL AND GAS CONSTRUCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2023

Transaction ID : SA11A.35427

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2023

Transaction ID : SA11C.35519

Amount of Each Receipt this Period
698.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 543 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BAKER, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **POBOX7083**
City **MILFORD** State **NH** Zip Code **03055-**
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) **SELF** Occupation (for Individual) **BUILDER**
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **325.00**

Date of Receipt **08 / 08 / 2023**
Transaction ID : SA11A.35542
Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**
City **ARLINGTON** State **VA** Zip Code **22219-1891**
FEC ID number of contributing federal political committee. **C C00694323**
Name of Employer (for Individual) Occupation (for Individual)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **163299.24**

Date of Receipt **08 / 09 / 2023**
Transaction ID : SA11C.35550
Amount of Each Receipt this Period **950.40**
 Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. LLOYD, DENNIS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **2036 N. SEYMOUR RD**
City **FLUSHING** State **MI** Zip Code **48433-9733**
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **3000.00**

Date of Receipt **08 / 09 / 2023**
Transaction ID : SA11A.35563
Amount of Each Receipt this Period **250.00**
 Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... **500.00**
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 544 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2023

Transaction ID : SA11C.35757

Amount of Each Receipt this Period
646.41

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CAMERON, DENNIS, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **505 PROSPECT CT**

City CHESAPEAKE	State VA	Zip Code 23322-1729
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AERMOR LLC	Occupation (for Individual) TRAINING SPECIALIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2023

Transaction ID : SA11A.35760

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2023

Transaction ID : SA11C.35868

Amount of Each Receipt this Period
1180.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 545 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ESHGHI, ROSEMARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 SHADY LN
 City CHAPPAQUA State NY Zip Code 10514-2112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11A.35911
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11C.35914
 Amount of Each Receipt this Period 7561.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. PIKE, MARTHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1856, BEGAN PLACE
 City THE VILLAGES State FL Zip Code 32163-5202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11A.35986
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	500.00
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 546 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PINEDA, CHUCK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 20TH STREET
 City ST. AUGUSTINE State FL Zip Code 32084-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GREEN X ENERGY,LLC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11A.36062
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. RAMNAUTH, SUBHASH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 LAKEHURST RD
 City TOMS RIVER State NJ Zip Code 08755-8043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) M.D.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11A.36090
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. TALIAFERRO, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 RIVER BEND LN
 City NASHVILLE State TN Zip Code 37221-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2023
Transaction ID : SA11A.35990
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	750.00
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 547 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
MM / DD / YYYY
08 / 17 / 2023

Transaction ID : SA11C.36204

Amount of Each Receipt this Period
6990.05

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. JONES, ARLENE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P O BOX 1828

City ELKO	State NV	Zip Code 89803-1828
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NATURAL NUTRITION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2023

Transaction ID : SA11A.36249

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. TAYLORSTACHELRODT, PANNETTA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 620 ADELAIDE AVE

City FRANKLIN	State PA	Zip Code 16323-1703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
GCH PT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2023

Transaction ID : SA11A.36311

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	325.00
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 548 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 18 / 2023
Transaction ID : SA11C.36500

Amount of Each Receipt this Period
2912.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. LUPO, BRENDA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7820 WALKING HORSE CIRCLE, APARTME

City GERMANTOWN	State TN	Zip Code 38138-2117
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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 ▼
250.00

Date of Receipt
08 / 18 / 2023
Transaction ID : SA11A.36583

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 19 / 2023
Transaction ID : SA11C.37500

Amount of Each Receipt this Period
2890.47

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	250.00
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 549 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ALMAGUER, RUBEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 1805
 City DEER PARK State TX Zip Code 77536-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2023
Transaction ID : SA11A.37550
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 08 / 20 / 2023
Transaction ID : SA11C.37671
 Amount of Each Receipt this Period 5461.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 20 / 2023
Transaction ID : SA11A.37697
 Amount of Each Receipt this Period 100.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 550 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2023
Transaction ID : SA11A.37828
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. STANFORD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6767 NUMBER FOUR RD
 City LOWVILLE State NY Zip Code 13367-3229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2023
Transaction ID : SA11A.37810
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11C.38004
 Amount of Each Receipt this Period 3327.71
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	275.00
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 551 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BUTTREY, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 COUNTY ROAD 644
 City FISK State MO Zip Code 63940-9155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) FARMING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11A.38137
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. PABLO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 RICHWOOD CIRCLE
 City ROGERS State AR Zip Code 72756-1766
 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 08 / 21 / 2023
Transaction ID : SA11A.38193
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. TAYLOR, TERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address POBOX 129
 City COLSTRIP State MT Zip Code 59323-0129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TAYLOR'S ACE HARDWARE Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2023
Transaction ID : SA11A.38090
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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 552 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
MM / DD / YYYY
08 / 22 / 2023
Transaction ID : SA11C.38197

Amount of Each Receipt this Period
4209.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BAKER, DAVID, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 143 WIGGINS MILL

City TOWNSEND	State DE	Zip Code 19734-9537
------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2023
Transaction ID : SA11A.38337

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. VAN QUATHEM, CARL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 11356 NUTMEG AVE

City LOS ANGELES	State CA	Zip Code 90066-6002
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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 ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2023
Transaction ID : SA11A.38251

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	500.00
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 553 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
MM / DD / YYYY
08 / 23 / 2023
Transaction ID : SA11C.38444

Amount of Each Receipt this Period
5552.57

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BAKER, WILLIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address POBOX7083

City MILFORD	State NH	Zip Code 03055-
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
SELF BUILDER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2023
Transaction ID : SA11A.38638

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. MCKNIGHT, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1158TRAIL VIEW PLACE

City NIPOMO	State CA	Zip Code 93444-
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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 ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2023
Transaction ID : SA11A.38504

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 639
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ROSENSTRAUCH, LARRY, , ,

Mailing Address 1550 OAK HILLS DRIVE

City COLORADO SPRINGS State CO Zip Code 80919-1418

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2023

Transaction ID : SA11A.38469

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SARTOR, LAURI, , ,

Mailing Address 136 SHUTE CIRCLE

City OLD HICKORY State TN Zip Code 37138-1970

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2023

Transaction ID : SA11A.38558

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
MM / DD / YYYY
08 / 24 / 2023

Transaction ID : SA11C.38744

Amount of Each Receipt this Period
5831.26

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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 555 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BISHOP, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 S WRANGLER DR
 City PALMER State AK Zip Code 99645-9537
 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 ▼ 0.00

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.38792
 Amount of Each Receipt this Period 3300.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED; REFUNDED \$3,300.00 ON 08/28/2023

B. BRESCIA, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 GEERY AVE
 City HOLBROOK State NY Zip Code 11741-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KBS Occupation (for Individual) MAINTENANCE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.12

Date of Receipt 08 / 24 / 2023
Transaction ID : SA11A.38789
 Amount of Each Receipt this Period 17.76
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11C.38915
 Amount of Each Receipt this Period 8392.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	3317.76
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 556 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BERTINO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6944 SANDTRACK ROAD
 City RIVERSIDE State CA Zip Code 92506-5632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.39017
 Amount of Each Receipt this Period 1000.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. CLAYTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10036 WEST ARGENT ROAD
 City PASCO State WA Zip Code 99301-8211
 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 08 / 25 / 2023
Transaction ID : SA11A.38947
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. COSTER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 BIRCH DRIVE
 City PITTSTON State PA Zip Code 18641-9528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BARNES MASSON HOSP Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.39133
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1275.00
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 557 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KRUSE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11202 DISCO
 City SAN ANTONIO State TX Zip Code 78216-2860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.39060
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. MARTINEZ, ALEX, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2370 E PHILLIPS
 City BREYA State CA Zip Code 92821-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) SECURITY PROFESSIONAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.39043
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. SEVILLE, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 HARTLEY LANE
 City DELANCO State NJ Zip Code 08075-5308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2023
Transaction ID : SA11A.39106
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	750.00
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 558 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 26 / 2023

Transaction ID : SA11C.39171

Amount of Each Receipt this Period
3007.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. COTTON, JERENY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **266 SOUTHAMPTON ROAD**

City HOLYOKE	State MA	Zip Code 01040-9521
------------------------	--------------------	-------------------------------

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 ▼
250.00

Date of Receipt
08 / 26 / 2023

Transaction ID : SA11A.39208

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. LONG, LAURIE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **103 E CHEYENNE RD**

City COLORADO SPRINGS	State CO	Zip Code 80906-2533
---------------------------------	--------------------	-------------------------------

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 ▼
1000.00

Date of Receipt
08 / 26 / 2023

Transaction ID : SA11A.39198

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 559 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, DEANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 AMARILLO STREET
 City ABILENE State TX Zip Code 79602-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 26 / 2023
Transaction ID : SA11A.39205
 Amount of Each Receipt this Period 500.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 08 / 27 / 2023
Transaction ID : SA11C.39223
 Amount of Each Receipt this Period 475.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. ALLEN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9980 N. 78TH PL.
 City SCOTTSDALE State AZ Zip Code 85258-1389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CASH TIME Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 27 / 2023
Transaction ID : SA11A.39225
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	750.00
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 560 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 29 / 2023
Transaction ID : SA11C.39425

Amount of Each Receipt this Period
5274.25

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CHERNYAVSKY, NAUM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **7746 FISHER ISLAND DRIVE**

City MIAMI BEACH	State FL	Zip Code 33109-0940
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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 ▼
500.00

Date of Receipt
08 / 29 / 2023
Transaction ID : SA11A.39574

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. DEVINE, MARK, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **3208 CANYON ROAD**

City OKLAHOMA CITY	State OK	Zip Code 73120-5617
------------------------------	--------------------	-------------------------------

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 ▼
250.00

Date of Receipt
08 / 29 / 2023
Transaction ID : SA11A.39612

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	500.00
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 561 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DONOVAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 FRANCES DR
 City VISTA State CA Zip Code 92084-4508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLOTRON Occupation (for Individual) QC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.39453
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. JOHNSON, TERI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 TOWN CREEK DR
 City AUBURN State AL Zip Code 36832-6826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.39557
 Amount of Each Receipt this Period 1000.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

C. RUSHTON, ELEANOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 BAYOU VISTA
 City SOUTHLAKE State TX Zip Code 76092-8591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11A.39599
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 562 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 30 / 2023
Transaction ID : SA11C.39645

Amount of Each Receipt this Period
3387.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. KLITZNER, HERBERT, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 443 DUNLIN PLAZA

City SECAUCUS	State NJ	Zip Code 07094-2201
------------------	-------------	------------------------

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 ▼
250.00

Date of Receipt
08 / 30 / 2023
Transaction ID : SA11A.39737

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. POTOCHNIK, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 200 ALVARADO CIRCLE

City FULLERTON	State CA	Zip Code 92835-1710
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
PRO-PRECISION OWNER

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 30 / 2023
Transaction ID : SA11A.39734

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	500.00
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 563 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SORRENTINO, KIMBERLY, , ,

Mailing Address **545 BOULEVARD**

City WESTFIELD	State NJ	Zip Code 07090-3207
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF	Occupation (for Individual) CEO
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 30 / 2023

Transaction ID : SA11A.39739

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WINRED

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
08 / 31 / 2023

Transaction ID : SA11C.39799

Amount of Each Receipt this Period
1866.04

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WALKER, THEODORE, , ,

Mailing Address **3252 FISH HAWK DR.**

City POLK CITY	State FL	Zip Code 33868-5304
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt
08 / 31 / 2023

Transaction ID : SA11A.39865

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	500.00
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 564 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2023

Transaction ID : SA11C.39891

Amount of Each Receipt this Period
325.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. REECE, RACHEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3049 OAK

City GROVES	State TX	Zip Code 77619-5775
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
BECHTEL OIL AND GAS CONSTRUCTION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2023

Transaction ID : SA11A.39894

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2023

Transaction ID : SA11C.39910

Amount of Each Receipt this Period
522.04

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	25.00
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 565 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input 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)
ULTRA MAGA PAC

A. SARTOR, LAURI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 SHUTE CIRCLE
 City OLD HICKORY State TN Zip Code 37138-1970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 05 / 2023
Transaction ID : SA11A.39914
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 09 / 09 / 2023
Transaction ID : SA11C.40015
 Amount of Each Receipt this Period 260.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 09 / 2023
Transaction ID : SA11A.40018
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	275.00
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 566 OF 639		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
09 / 13 / 2023

Transaction ID : SA11C.40021

Amount of Each Receipt this Period
314.86

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CAMERON, DENNIS, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **505 PROSPECT CT**

City CHESAPEAKE	State VA	Zip Code 23322-1729
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AERMOR LLC	Occupation (for Individual) TRAINING SPECIALIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 13 / 2023

Transaction ID : SA11A.40022

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
09 / 17 / 2023

Transaction ID : SA11C.40226

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 567 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JONES, ARLENE, , ,

Mailing Address **P O BOX 1828**

City **ELKO** State **NV** Zip Code **89803-1828**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **NATURAL NUTRITION** Occupation (for Individual) **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **09 / 17 / 2023**

Transaction ID : SA11A.40227

Amount of Each Receipt this Period **25.00**

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WINRED

Mailing Address **PO BOX 9891**

City **ARLINGTON** State **VA** Zip Code **22219-1891**

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **163299.24**

Date of Receipt **09 / 20 / 2023**

Transaction ID : SA11C.40256

Amount of Each Receipt this Period **170.00**

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. AGNEW, SAM, , ,

Mailing Address **242 GRANVILLE CT.**

City **BATON ROUGE** State **LA** Zip Code **70810-4859**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **RETIRED** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **09 / 20 / 2023**

Transaction ID : SA11A.40257

Amount of Each Receipt this Period **100.00**

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... **125.00**

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 568 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 09 / 20 / 2023
Transaction ID : SA11A.40259
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 163299.24

Date of Receipt 09 / 21 / 2023
Transaction ID : SA11C.40262
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. PABLO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 RICHWOOD CIRCLE
 City ROGERS State AR Zip Code 72756-1766
 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 09 / 21 / 2023
Transaction ID : SA11A.40263
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional)..... 50.00
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 569 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2023
Transaction ID : SA11C.40264

Amount of Each Receipt this Period
22.76

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BRESCIA, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 67 GEERY AVE

City HOLBROOK	State NY	Zip Code 11741-1112
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
KBS MAINTENANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2023
Transaction ID : SA11A.40266

Amount of Each Receipt this Period
17.76

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2023
Transaction ID : SA11C.40268

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	17.76
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 570 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLAYTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10036 WEST ARGENT ROAD
 City PASCO State WA Zip Code 99301-8211
 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 **09 / 25 / 2023**
Transaction ID : SA11A.40270
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt **10 / 01 / 2023**
Transaction ID : SA11C.40273
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. REECE, RACHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3049 OAK
 City GROVES State TX Zip Code 77619-5775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BECHTEL Occupation (for Individual) OIL AND GAS CONSTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **10 / 01 / 2023**
Transaction ID : SA11A.40274
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 571 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
10 / 09 / 2023

Transaction ID : SA11C.40359

Amount of Each Receipt this Period
256.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. LLOYD, DENNIS, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **2036 N. SEYMOUR RD**

City FLUSHING	State MI	Zip Code 48433-9733
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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 ▼
3000.00

Date of Receipt
10 / 09 / 2023

Transaction ID : SA11A.40361

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
10 / 12 / 2023

Transaction ID : SA11C.40473

Amount of Each Receipt this Period
5882.29

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 572 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GUERNSEY, RICHARD D., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8163 ROOSEVELT BLVD
 City PITTSBURGH State PA Zip Code 15237-4441
 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 ▼ 5000.00

Date of Receipt 10 / 12 / 2023
Transaction ID : SA11A.40618
 Amount of Each Receipt this Period 5000.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 10 / 13 / 2023
Transaction ID : SA11C.40622
 Amount of Each Receipt this Period 739.50
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. CAMERON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 PROSPECT CT
 City CHESAPEAKE State VA Zip Code 23322-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AERMOR LLC Occupation (for Individual) TRAINING SPECIALIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 13 / 2023
Transaction ID : SA11A.40624
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	5025.00
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 573 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
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FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
10 / 17 / 2023
Transaction ID : SA11C.40757

Amount of Each Receipt this Period
301.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. JONES, ARLENE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **P O BOX 1828**

City ELKO	State NV	Zip Code 89803-1828
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NATURAL NUTRITION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
10 / 17 / 2023
Transaction ID : SA11A.40778

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
10 / 20 / 2023
Transaction ID : SA11C.40860

Amount of Each Receipt this Period
629.29

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	25.00
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 574 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : SA11A.40864
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2023
Transaction ID : SA11A.40880
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2023
Transaction ID : SA11C.40970
 Amount of Each Receipt this Period
 408.09
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 575 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PABLO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 RICHWOOD CIRCLE
 City ROGERS State AR Zip Code 72756-1766
 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 10 / 21 / 2023
Transaction ID : SA11A.41036
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11C.41073
 Amount of Each Receipt this Period 180.76
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. BRESCIA, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 GEERY AVE
 City HOLBROOK State NY Zip Code 11741-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KBS Occupation (for Individual) MAINTENANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 213.12

Date of Receipt 10 / 24 / 2023
Transaction ID : SA11A.41086
 Amount of Each Receipt this Period 17.76
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	42.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 576 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2023

Transaction ID : SA11C.41112

Amount of Each Receipt this Period
38.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CLAYTON, MICHAEL, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10036 WEST ARGENT ROAD

City PASCO	State WA	Zip Code 99301-8211
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2023

Transaction ID : SA11A.41113

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2023

Transaction ID : SA11C.41124

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	25.00
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 577 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REECE, RACHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3049 OAK
 City GROVES State TX Zip Code 77619-5775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BECHTEL Occupation (for Individual) OIL AND GAS CONSTRUCTION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 11 / 01 / 2023
Transaction ID : SA11A.41125
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 163299.24

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11C.41126
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 3000.00

Date of Receipt 11 / 09 / 2023
Transaction ID : SA11A.41127
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	275.00
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 578 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2023

Transaction ID : SA11C.41131

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. JONES, ARLENE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address P O BOX 1828

City ELKO	State NV	Zip Code 89803-1828
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
NATURAL NUTRITION OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		17		2023

Transaction ID : SA11A.41132

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		18		2023

Transaction ID : SA11C.41133

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 579 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CAMERON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 PROSPECT CT
 City CHESAPEAKE State VA Zip Code 23322-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AERMOR LLC Occupation (for Individual) TRAINING SPECIALIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2023
Transaction ID : SA11A.41134
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 11 / 20 / 2023
Transaction ID : SA11C.41137
 Amount of Each Receipt this Period 150.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 20 / 2023
Transaction ID : SA11A.41138
 Amount of Each Receipt this Period 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 580 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2023
Transaction ID : SA11A.41140
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 11 / 21 / 2023
Transaction ID : SA11C.41141
 Amount of Each Receipt this Period 75.00
 Memo Item
CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. PABLO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 RICHWOOD CIRCLE
 City ROGERS State AR Zip Code 72756-1766
 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 11 / 21 / 2023
Transaction ID : SA11A.41143
 Amount of Each Receipt this Period 25.00
 Memo Item
CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
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 581 OF 639
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
11 / 24 / 2023
Transaction ID : **SA11C.41144**

Amount of Each Receipt this Period
19.76

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. BRESCIA, JAMES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **67 GEERY AVE**

City HOLBROOK	State NY	Zip Code 11741-1112
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
KBS MAINTENANCE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.12

Date of Receipt
11 / 24 / 2023
Transaction ID : **SA11A.41146**

Amount of Each Receipt this Period
17.76

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address **PO BOX 9891**

City ARLINGTON	State VA	Zip Code 22219-1891
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00694323**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
11 / 25 / 2023
Transaction ID : **SA11C.41147**

Amount of Each Receipt this Period
40.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	17.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 582 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CLAYTON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10036 WEST ARGENT ROAD
 City PASCO State WA Zip Code 99301-8211
 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 **11 / 25 / 2023**
Transaction ID : SA11A.41149
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 163299.24

Date of Receipt **12 / 01 / 2023**
Transaction ID : SA11C.41152
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. REECE, RACHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3049 OAK
 City GROVES State TX Zip Code 77619-5775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BECHTEL Occupation (for Individual) OIL AND GAS CONSTRUCTION
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt **12 / 01 / 2023**
Transaction ID : SA11A.41153
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 583 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WINRED		Date of Receipt 12 / 09 / 2023 Transaction ID : SA11C.41156
Mailing Address PO BOX 9891		Amount of Each Receipt this Period 250.00
City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. C C00694323		<input checked="" type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual)	Occupation (for Individual)	SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 163299.24	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LLOYD, DENNIS, , ,		Date of Receipt 12 / 09 / 2023 Transaction ID : SA11A.41157
Mailing Address 2036 N. SEYMOUR RD		Amount of Each Receipt this Period 250.00
City FLUSHING	State MI	Zip Code 48433-9733
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	EARMARKED FROM WINRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WINRED		Date of Receipt 12 / 16 / 2023 Transaction ID : SA11C.41227
Mailing Address PO BOX 9891		Amount of Each Receipt this Period 50.00
City ARLINGTON	State VA	Zip Code 22219-1891
FEC ID number of contributing federal political committee. C C00694323		<input checked="" type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual)	Occupation (for Individual)	SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 163299.24	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 584 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CAMERON, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 PROSPECT CT
 City CHESAPEAKE State VA Zip Code 23322-1729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AERMOR LLC Occupation (for Individual) TRAINING SPECIALIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 16 / 2023
Transaction ID : SA11A.41229
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 12 / 17 / 2023
Transaction ID : SA11C.41230
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. JONES, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O BOX 1828
 City ELKO State NV Zip Code 89803-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NATURAL NUTRITION Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 17 / 2023
Transaction ID : SA11A.41231
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	50.00
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 585 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11C.41234

Amount of Each Receipt this Period
366.19

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. WALKER, THEODORE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3252 FISH HAWK DR.

City POLK CITY	State FL	Zip Code 33868-5304
-------------------	-------------	------------------------

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 ▼
275.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2023

Transaction ID : SA11A.41240

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2023

Transaction ID : SA11C.41276

Amount of Each Receipt this Period
421.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	25.00
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 586 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023
Transaction ID : SA11A.41279
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. GAGNON, SUZY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 707 CORBIN PARK RD
 City NEW SMYRNA BEACH State FL Zip Code 32168-8421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) COLEMAN GOODEMOTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2023
Transaction ID : SA11A.41292
 Amount of Each Receipt this Period
 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2023
Transaction ID : SA11C.41294
 Amount of Each Receipt this Period
 362.00
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 587 OF 639
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PABLO, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 RICHWOOD CIRCLE
 City ROGERS State AR Zip Code 72756-1766
 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 12 / 21 / 2023
Transaction ID : SA11A.41325
 Amount of Each Receipt this Period 25.00
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 163299.24

Date of Receipt 12 / 24 / 2023
Transaction ID : SA11C.41329
 Amount of Each Receipt this Period 19.76
 Memo Item
 CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. BRESCIA, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 GEERY AVE
 City HOLBROOK State NY Zip Code 11741-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KBS Occupation (for Individual) MAINTENANCE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 213.12

Date of Receipt 12 / 24 / 2023
Transaction ID : SA11A.41331
 Amount of Each Receipt this Period 17.76
 Memo Item
 CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	42.76
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 588 OF 639
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
163299.24

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2023

Transaction ID : SA11C.41334

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. CLAYTON, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 10036 WEST ARGENT ROAD

City PASCO	State WA	Zip Code 99301-8211
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 25 / 2023

Transaction ID : SA11A.41335

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25.00
TOTAL This Period (last page this line number only).....	225586.09

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 639
 (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON	State VA	Zip Code 22209
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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 ▼
4775.49

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2023

Transaction ID : SA15.22510

Amount of Each Receipt this Period
 3508.80

Memo Item
REFUND OF FUNDRAISING FEES

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3508.80
TOTAL This Period (last page this line number only).....▶	3508.80

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AMH PRINT GROUP, LLC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 518

City MECHANICSVILLE State VA Zip Code 23111

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2242I

Amount of Each Disbursement this Period: 5866.85

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I665

Amount of Each Disbursement this Period: 500.00

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I667

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6866.85

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)
ULTRA MAGA PAC

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 22 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I668

Amount of Each Disbursement this Period: 750.00

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I678

Amount of Each Disbursement this Period: 435.15

Memo Item

C. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I679

Amount of Each Disbursement this Period: 1250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2435.15

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I682

Amount of Each Disbursement this Period

[REDACTED] 123.90

Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I683

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I685

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 2623.90

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I689

Amount of Each Disbursement this Period: 152.85

Memo Item

B. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement DATABASE SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I690

Amount of Each Disbursement this Period: 1250.00

Memo Item

C. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement CAGING AND ESCROW

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2238

Amount of Each Disbursement this Period: 4473.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5876.54

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)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. DIRECT MAIL PROCESSORS		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>07</td> <td></td> <td>2023</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	09		07		2023
M M M	/	D D D	/	Y Y Y Y Y									
09		07		2023									
Mailing Address 1150 CONRAD COURT		FEC Identification Number											
City HAGERSTOWN	State MD	Zip Code 21740	C										
Purpose of Disbursement CAGING AND ESCROW		Category/ Type	Transaction ID : SB21B.I2243I										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4285.86										
State:	District:		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. DIRECT MAIL PROCESSORS		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>26</td> <td></td> <td>2023</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	10		26		2023
M M M	/	D D D	/	Y Y Y Y Y									
10		26		2023									
Mailing Address 1150 CONRAD COURT		FEC Identification Number											
City HAGERSTOWN	State MD	Zip Code 21740	C										
Purpose of Disbursement CAGING AND ESCROW		Category/ Type	Transaction ID : SB21B.I2245I										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4838.11										
State:	District:		<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. DIRECT MAIL PROCESSORS		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>02</td> <td></td> <td>2023</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	11		02		2023
M M M	/	D D D	/	Y Y Y Y Y									
11		02		2023									
Mailing Address 1150 CONRAD COURT		FEC Identification Number											
City HAGERSTOWN	State MD	Zip Code 21740	C										
Purpose of Disbursement CAGING AND ESCROW		Category/ Type	Transaction ID : SB21B.I2246I										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4724.90										
State:	District:		<input type="checkbox"/> Memo Item										

SUBTOTAL of Disbursements This Page (optional).....▶	13848.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)
Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 22 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I22471
Amount of Each Disbursement this Period: 4829.02

Memo Item

B. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)
Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
CAGING AND ESCROW

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I22497
Amount of Each Disbursement this Period: 9479.21

Memo Item

C. DONORBUREAU

Full Name (Last, First, Middle Initial)
Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
STATISTICAL MODELING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2238
Amount of Each Disbursement this Period: 599.16

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	14907.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement STATISTICAL MODELING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2240'

Amount of Each Disbursement this Period: 997.84

Memo Item

B. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement STATISTICAL MODELING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I22414

Amount of Each Disbursement this Period: 544.86

Memo Item

C. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement STATISTICAL MODELING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2243

Amount of Each Disbursement this Period: 2116.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3659.53

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Form A: DONORBUREAU. Includes fields for Full Name, Mailing Address (1900 N CULPEPER ST), City (ARLINGTON), State (VA), Zip Code (22207), Purpose of Disbursement (STATISTICAL MODELING), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/26/2023), FEC Identification Number (C), Transaction ID (SB21B.I2245I), Amount of Each Disbursement (1699.42), and Memo Item checkbox.

Form B: DONORBUREAU. Includes fields for Full Name, Mailing Address (1900 N CULPEPER ST), City (ARLINGTON), State (VA), Zip Code (22207), Purpose of Disbursement (STATISTICAL MODELING), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/30/2023), FEC Identification Number (C), Transaction ID (SB21B.I2248I), Amount of Each Disbursement (2280.21), and Memo Item checkbox.

Form C: ELECTION CFO. Includes fields for Full Name, Mailing Address (PO BOX 26141), City (ALEXANDRIA), State (VA), Zip Code (22313), Purpose of Disbursement (COMPLIANCE CONSULTING), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (08/03/2023), FEC Identification Number (C), Transaction ID (SB21B.I663), Amount of Each Disbursement (1000.00), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 4979.63
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)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. ELECTION CFO

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.I664

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTION CFO

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.I666

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTION CFO

Mailing Address PO BOX 26141

City
ALEXANDRIA

State
VA

Zip Code
22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C
Transaction ID : SB21B.I675

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	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)
ULTRA MAGA PAC

A. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I680

Amount of Each Disbursement this Period: 1232.14

Memo Item

B. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I681

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I684

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3232.14

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)
ULTRA MAGA PAC

A. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2238

Amount of Each Disbursement this Period: 770.88

Memo Item

B. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2240

Amount of Each Disbursement this Period: 600.05

Memo Item

C. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2242

Amount of Each Disbursement this Period: 984.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2355.02

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2244

Amount of Each Disbursement this Period: 890.00

Memo Item

B. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I22467

Amount of Each Disbursement this Period: 769.37

Memo Item

C. EPIC PAY

Full Name (Last, First, Middle Initial)

Mailing Address 9300 WADE BLVD
SUITE 200

City FRISCO State TX Zip Code 75035

Purpose of Disbursement CC PROCESSING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2248

Amount of Each Disbursement this Period: 754.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2413.77

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.			Date of Disbursement MM / DD / YYYY 07 / 27 / 2023	
Mailing Address 44970 FALCON PLACE SUITE 400			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2240	
City STERLING	State VA	Zip Code 20166	Amount of Each Disbursement this Period [REDACTED] 1505.11	
Purpose of Disbursement PRINTING		Category/ Type [REDACTED]	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. FULFILLMENT SOLUTIONS INC.			Date of Disbursement MM / DD / YYYY 08 / 04 / 2023	
Mailing Address 44970 FALCON PLACE SUITE 400			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2241	
City STERLING	State VA	Zip Code 20166	Amount of Each Disbursement this Period [REDACTED] 7189.83	
Purpose of Disbursement POSTAGE & SHIPPING		Category/ Type [REDACTED]	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) C. FULFILLMENT SOLUTIONS INC.			Date of Disbursement MM / DD / YYYY 08 / 17 / 2023	
Mailing Address 44970 FALCON PLACE SUITE 400			FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2241	
City STERLING	State VA	Zip Code 20166	Amount of Each Disbursement this Period [REDACTED] 1795.58	
Purpose of Disbursement PRINTING		Category/ Type [REDACTED]	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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 10490.52
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 08 / 18 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2241! Amount of Each Disbursement this Period 15900.59
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement POSTAGE & SHIPPING		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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 09 / 01 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2242! Amount of Each Disbursement this Period 2072.91
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement POSTAGE & SHIPPING		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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 09 / 07 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2243 Amount of Each Disbursement this Period 3723.89
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement PRINTING		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).....▶	21697.39
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 09 / 11 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2243I Amount of Each Disbursement this Period 8852.55
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement POSTAGE & SHIPPING		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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 10 / 06 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2244I Amount of Each Disbursement this Period 10929.51
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement POSTAGE & SHIPPING		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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 10 / 26 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2245I Amount of Each Disbursement this Period 3365.48
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement PRINTING		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).....▶	23147.54
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 10 / 27 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I2246 Amount of Each Disbursement this Period 3804.98
City STERLING	State VA	
Zip Code 20166		Memo Item <input type="checkbox"/>
Purpose of Disbursement POSTAGE & SHIPPING	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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 11 / 02 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I2246 Amount of Each Disbursement this Period 5216.56
City STERLING	State VA	
Zip Code 20166		Memo Item <input type="checkbox"/>
Purpose of Disbursement PRINTING	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. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 11 / 22 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I2247 Amount of Each Disbursement this Period 5216.56
City STERLING	State VA	
Zip Code 20166		Memo Item <input type="checkbox"/>
Purpose of Disbursement PRINTING	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).....▶	14238.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FULFILLMENT SOLUTIONS INC.

Full Name (Last, First, Middle Initial)

Mailing Address 44970 FALCON PLACE
SUITE 400

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2248

Amount of Each Disbursement this Period: 3172.57

Memo Item

B. FULFILLMENT HOUSE

Full Name (Last, First, Middle Initial)

Mailing Address 22880 GLENN DRIVE, SUITE 120

City STERLING State VA Zip Code 20164

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2249

Amount of Each Disbursement this Period: 11064.92

Memo Item

C. FULFILLMENT SOLUTIONS INC.

Full Name (Last, First, Middle Initial)

Mailing Address 44970 FALCON PLACE
SUITE 400

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2249

Amount of Each Disbursement this Period: 3212.65

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 17450.14

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)
ULTRA MAGA PAC

A. FULFILLMENT SOLUTIONS INC.

Full Name (Last, First, Middle Initial)

Mailing Address 44970 FALCON PLACE
SUITE 400

City STERLING State VA Zip Code 20166

Purpose of Disbursement
POSTAGE & SHIPPING

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 Y
12 / 22 / 2023

FEC Identification Number
C

Transaction ID : SB21B.I2250:

Amount of Each Disbursement this Period
10152.79

Memo Item

B. HSP DIRECT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MANAGEMENT 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 Y
07 / 06 / 2023

FEC Identification Number
C

Transaction ID : SB21B.I2238:

Amount of Each Disbursement this Period
4320.00

Memo Item

C. HSP DIRECT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
MANAGEMENT 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 Y
07 / 20 / 2023

FEC Identification Number
C

Transaction ID : SB21B.I2239

Amount of Each Disbursement this Period
242.57

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 14715.36

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2240: Amount of Each Disbursement this Period 9699.00
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement PRINTING	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. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2241f Amount of Each Disbursement this Period 12362.14
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement MANAGEMENT CONSULTING	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) C. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 08 / 24 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2242 Amount of Each Disbursement this Period 4591.73
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement MANAGEMENT CONSULTING	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:		

SUBTOTAL of Disbursements This Page (optional).....▶	26652.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2243
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 8645.08
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 10 / 05 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2244
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement PRINTING		Amount of Each Disbursement this Period 11607.00
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 type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 10 / 19 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2245
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 13554.00
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 type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	33806.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2245I
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 11548.66
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. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2247I
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 2700.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 11 / 22 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2247I
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 3602.02
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).....▶	17850.68
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)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2248 Amount of Each Disbursement this Period 6268.86
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement MANAGEMENT CONSULTING	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. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 12 / 07 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2248 Amount of Each Disbursement this Period 8900.00
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement MANAGEMENT CONSULTING	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) C. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 12 / 14 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C Transaction ID : SB21B.I2249 Amount of Each Disbursement this Period 10000.00
City ASHBURN	State VA	
Zip Code 20147	Purpose of Disbursement MANAGEMENT CONSULTING	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:		

SUBTOTAL of Disbursements This Page (optional).....▶	25168.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2249!
Amount of Each Disbursement this Period
2415.29

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I22437
Amount of Each Disbursement this Period
7492.21

Memo Item

Full Name (Last, First, Middle Initial)

C. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2244
Amount of Each Disbursement this Period
14628.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

24535.80

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2245I

Amount of Each Disbursement this Period

[Redacted] 22120.75

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2245I

Amount of Each Disbursement this Period

[Redacted] 5102.51

Memo Item

Full Name (Last, First, Middle Initial)

C. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2239

Amount of Each Disbursement this Period

[Redacted] 1031.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[Redacted] 28254.75

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 07 / 17 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I2239 Amount of Each Disbursement this Period 5710.40
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING		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. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 08 / 07 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I22412 Amount of Each Disbursement this Period 20000.00
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING		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) C. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 08 / 09 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I2241 Amount of Each Disbursement this Period 16150.45
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING		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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	41860.85
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)
ULTRA MAGA PAC

A. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2243I

Amount of Each Disbursement this Period: 63215.67

Memo Item

B. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2244I

Amount of Each Disbursement this Period: 11746.61

Memo Item

C. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2245I

Amount of Each Disbursement this Period: 2947.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 77909.44

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 26 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2245!

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2246!

Amount of Each Disbursement this Period: 14909.46

Memo Item

C. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 02 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2247

Amount of Each Disbursement this Period: 4317.57

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 29227.03

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 11 / 15 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I2247 Amount of Each Disbursement this Period 28511.59
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 11 / 17 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I2247 Amount of Each Disbursement this Period 10792.59
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MDI IMAGING & MAIL		Date of Disbursement MM / DD / YYYY 11 / 20 / 2023
Mailing Address 21955 CASCADES PARKWAY		FEC Identification Number C Transaction ID : SB21B.I2247 Amount of Each Disbursement this Period 7789.05
City DULLES	State VA	
Purpose of Disbursement POSTAGE & SHIPPING	Zip Code 20166	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	47093.23
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)
ULTRA MAGA PAC

A. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 07 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2249f
Amount of Each Disbursement this Period: 6000.00

Memo Item

B. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 14 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2249f
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 18 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2249f
Amount of Each Disbursement this Period: 10952.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18952.92

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MDI IMAGING & MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2250I
Amount of Each Disbursement this Period: 6000.00

Memo Item

B. MICROTARGETED MEDIA LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 51963

City SARASOTA State FL Zip Code 34232

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2250I
Amount of Each Disbursement this Period: 41.12

Memo Item

C. MIDDLETOWN VALLEY BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1101 PROFESSIONAL COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 03 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2238
Amount of Each Disbursement this Period: 148.69

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6189.81

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023	
Mailing Address 1101 PROFESSIONAL COURT			
City HAGERSTOWN	State MD	Zip Code 21740	
Purpose of Disbursement BANK FEE		Category/Type <input type="checkbox"/>	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 08 / 02 / 2023	
Mailing Address 1101 PROFESSIONAL COURT			
City HAGERSTOWN	State MD	Zip Code 21740	
Purpose of Disbursement BANK FEE		Category/Type <input type="checkbox"/>	
Candidate Name		Amount of Each Disbursement this Period 187.20	
Office Sought: <input type="checkbox"/> House <input 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. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 08 / 07 / 2023	
Mailing Address 1101 PROFESSIONAL COURT			
City HAGERSTOWN	State MD	Zip Code 21740	
Purpose of Disbursement BANK FEE		Category/Type <input type="checkbox"/>	
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....	237.20
TOTAL This Period (last page this line number only).....	237.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 09 / 05 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2242f Amount of Each Disbursement this Period 221.03
City HAGERSTOWN	State MD	Zip Code 21740
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. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 09 / 01 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2242f Amount of Each Disbursement this Period 25.00
City HAGERSTOWN	State MD	Zip Code 21740
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. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 09 / 11 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2242f Amount of Each Disbursement this Period 25.00
City HAGERSTOWN	State MD	Zip Code 21740
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).....▶	271.03
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 10 / 02 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C
City HAGERSTOWN	State MD	
Purpose of Disbursement BANK FEE		Transaction ID : SB21B.I2244 Amount of Each Disbursement this Period 178.43
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) ▼	Memo Item <input type="checkbox"/>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 11 / 03 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C
City HAGERSTOWN	State MD	
Purpose of Disbursement BANK FEE		Transaction ID : SB21B.I2246 Amount of Each Disbursement this Period 240.90
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) ▼	Memo Item <input type="checkbox"/>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 12 / 05 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C
City HAGERSTOWN	State MD	
Purpose of Disbursement BANK FEE		Transaction ID : SB21B.I2248 Amount of Each Disbursement this Period 172.68
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) ▼	Memo Item <input type="checkbox"/>
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	592.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2238!

Amount of Each Disbursement this Period

[Redacted] 2423.54

Memo Item

Full Name (Last, First, Middle Initial)

B. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2240!

Amount of Each Disbursement this Period

[Redacted] 5123.38

Memo Item

Full Name (Last, First, Middle Initial)

C. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.I2243

Amount of Each Disbursement this Period

[Redacted] 5314.47

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[Redacted] 12861.39

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2244I

Amount of Each Disbursement this Period

6603.47

Memo Item

Full Name (Last, First, Middle Initial)

B. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2246C

Amount of Each Disbursement this Period

3552.06

Memo Item

Full Name (Last, First, Middle Initial)

C. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2247

Amount of Each Disbursement this Period

5215.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

15370.63

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2248

Amount of Each Disbursement this Period

4337.55

Memo Item

Full Name (Last, First, Middle Initial)

B. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2249

Amount of Each Disbursement this Period

5868.46

Memo Item

Full Name (Last, First, Middle Initial)

C. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement

MAILING LIST

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I2250

Amount of Each Disbursement this Period

2622.54

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

12828.55

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 07 / 06 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2239I Amount of Each Disbursement this Period 2979.40
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		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. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 07 / 27 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2240I Amount of Each Disbursement this Period 296.92
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		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. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2241I Amount of Each Disbursement this Period 1486.82
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		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).....▶	4763.14
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 09 / 07 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2243! Amount of Each Disbursement this Period 3702.64
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		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. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 10 / 05 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2244! Amount of Each Disbursement this Period 305.13
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DATA: MAIL LIST PROCESSING		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. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 10 / 26 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2246 Amount of Each Disbursement this Period 3350.36
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		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).....▶	7358.13
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 11 / 22 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2248I
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 4341.05
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2248I
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 2552.86
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 12 / 14 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2249
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 613.27
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 7507.18
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PERSON2PERSON MESSAGING

Full Name (Last, First, Middle Initial)

Mailing Address 2800 SHIRLINGTON ROAD
STE 900

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2250!

Amount of Each Disbursement this Period: 695.20

Memo Item

B. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2239!

Amount of Each Disbursement this Period: 16047.48

Memo Item

C. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2239!

Amount of Each Disbursement this Period: 22074.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 38817.50

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)
ULTRA MAGA PAC

A. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 12 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2239I

Amount of Each Disbursement this Period: 10000.00

Memo Item

B. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 20 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2239I

Amount of Each Disbursement this Period: 3994.81

Memo Item

C. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 21 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I2240

Amount of Each Disbursement this Period: 8773.93

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22768.74

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
07 / 27 / 2023

FEC Identification Number
C
Transaction ID : SB21B.I2240t
Amount of Each Disbursement this Period
3742.84

Memo Item

B. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2023

FEC Identification Number
C
Transaction ID : SB21B.I2241c
Amount of Each Disbursement this Period
2424.57

Memo Item

C. PLANET DIRECT MAIL

Full Name (Last, First, Middle Initial)

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 19 / 2023

FEC Identification Number
C
Transaction ID : SB21B.I2245
Amount of Each Disbursement this Period
15756.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 21923.64

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 01 / 2023

FEC Identification Number C

Transaction ID : SB21B.I2243!

Amount of Each Disbursement this Period 4399.06

Memo Item

B. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 11 / 2023

FEC Identification Number C

Transaction ID : SB21B.I2244c

Amount of Each Disbursement this Period 1338.45

Memo Item

C. RITE ENVELOPE & GRAPHICS INC

Full Name (Last, First, Middle Initial)

Mailing Address 250 BOOT ROAD

City DOWNINGTOWN State PA Zip Code 19335

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 12 / 21 / 2023

FEC Identification Number C

Transaction ID : SB21B.I2250

Amount of Each Disbursement this Period 3639.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9376.67

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RST MARKETING

Full Name (Last, First, Middle Initial)

Mailing Address 1272 CORPORATE PARK DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 17 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2241I**

Amount of Each Disbursement this Period
28912.57

Memo Item

B. RST MARKETING

Full Name (Last, First, Middle Initial)

Mailing Address 1272 CORPORATE PARK DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement
POSTAGE & DELI

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 25 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2242I**

Amount of Each Disbursement this Period
12289.51

Memo Item

C. RST MARKETING

Full Name (Last, First, Middle Initial)

Mailing Address 1272 CORPORATE PARK DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement
POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 01 / 2023

FEC Identification Number
C

Transaction ID : **SB21B.I2242I**

Amount of Each Disbursement this Period
12144.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 53346.58

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. RST MARKETING

Mailing Address 1272 CORPORATE PARK DRIVE

City FOREST State VA Zip Code 24551

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2247
Amount of Each Disbursement this Period
6428.31

Memo Item

Full Name (Last, First, Middle Initial)

B. THE AVENTINE GROUP, LLC

Mailing Address 8748 BRECKSVILLE ROAD STE 227

City BRECKSVILLE State OH Zip Code 44141

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I22507
Amount of Each Disbursement this Period
4803.85

Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT INC

Mailing Address 1900 RESTON METRO PLAZA STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I2250
Amount of Each Disbursement this Period
74853.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

86085.71

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2239

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2239

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2242

Amount of Each Disbursement this Period: 1780.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5780.00

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)
ULTRA MAGA PAC

A. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2244'

Amount of Each Disbursement this Period: 4000.00

Memo Item

B. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2246

Amount of Each Disbursement this Period: 2000.00

Memo Item

C. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2246

Amount of Each Disbursement this Period: 3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

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)
ULTRA MAGA PAC

A. UNITED STATES POSTAL OFFICE

Full Name (Last, First, Middle Initial)

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement POSTAGE & SHIPPING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2248I

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. WINRED TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2250I

Amount of Each Disbursement this Period: 3889.59

Memo Item

C. WINRED TECHNICAL SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I2250I

Amount of Each Disbursement this Period: 180.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6069.59

TOTAL This Period (last page this line number only)..... ▶ 860397.85

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. DONALD J. TRUMP FOR PRESIDENT 2024, INC.		Date of Disbursement MM / DD / YYYY 09 / 12 / 2023
Mailing Address P.O. BOX 13570		FEC Identification Number C C00828541 Transaction ID : SB23.I676 Amount of Each Disbursement this Period 5000.00
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name TRUMP, DONALD, J.,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: US District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. DONALD J. TRUMP FOR PRESIDENT 2024, INC.		Date of Disbursement MM / DD / YYYY 09 / 12 / 2023
Mailing Address P.O. BOX 13570		FEC Identification Number C C00828541 Transaction ID : SB23.I677 Amount of Each Disbursement this Period 5000.00
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name TRUMP, DONALD, J.,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	
Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: US District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. PARKINSON FOR SENATE		Date of Disbursement MM / DD / YYYY 08 / 31 / 2023
Mailing Address PO BOX 5684		FEC Identification Number C C00836569 Transaction ID : SB23.I669 Amount of Each Disbursement this Period 1000.00
City ARLINGTON	State VA	
Zip Code 22205	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name PARKINSON, SCOTT, THOMAS, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	11000.00

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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. BISHOP, JOHN, , ,		Date of Disbursement MM / DD / YYYY 08 / 28 / 2023	
Mailing Address 226 S WRANGLER DR			
City PALMER	State AK	Zip Code 99645	
Purpose of Disbursement CONTRIBUTION REFUND		<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 3300.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<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	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		<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	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3300.00
TOTAL This Period (last page this line number only).....▶	3300.00