

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00654343
3. IS THIS REPORT NEW OR AMENDED (A)
[x] (N)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
10/01/2018 through 11/26/2018

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

Signature of Treasurer Hassine, Brian, , , [Electronically Filed] Date 12/06/2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAGA COALITION, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text"/>	<input type="text" value="38922.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="48104.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1951.72"/>	<input type="text" value="114844.52"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50055.86"/>	<input type="text" value="153767.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7803.73"/>	<input type="text" value="111515.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42252.13"/>	<input type="text" value="42252.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAGA COALITION, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	1210.40	98260.40
(ii) Unitemized	392.52	16122.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1602.92	114382.56
(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)	1602.92	114382.56
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).....	348.80	461.96
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)).....▶	1951.72	114844.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1951.72	114844.52

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	7803.73	111515.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7803.73	111515.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7803.73	111515.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7803.73	111515.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1602.92	114382.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1602.92	114382.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7803.73	111515.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	348.80	461.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7454.93	111053.10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Ashton, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2944 Decanp
 City Youngstown State OH Zip Code 44511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Airlines Occupation (for Individual) Flight Attendant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **10 / 24 / 2018**
Transaction ID : SA11AI.6156
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ashton, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2944 Decanp
 City Youngstown State OH Zip Code 44511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Airlines Occupation (for Individual) Flight Attendant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 24 / 2018**
Transaction ID : SA11AI.6187
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Boyd, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3847 Galicia Road
 City Jacksonville State FL Zip Code 32217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort Occupation (for Individual) Info Requested Per Best Effort
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **11 / 22 / 2018**
Transaction ID : SA11AI.6182
 Amount of Each Receipt this Period 20.00
 Memo Item

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MAGA COALITION, INC.

A. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road

City Cortez	State CO	Zip Code 81321
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 590.00

Date of Receipt
 10 / 21 / 2018
Transaction ID : SA11AI.6132

Amount of Each Receipt this Period
 20.00

Memo Item

B. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road

City Cortez	State CO	Zip Code 81321
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 610.00

Date of Receipt
 10 / 23 / 2018
Transaction ID : SA11AI.6155

Amount of Each Receipt this Period
 20.00

Memo Item

C. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road

City Cortez	State CO	Zip Code 81321
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 11 / 21 / 2018
Transaction ID : SA11AI.6134

Amount of Each Receipt this Period
 20.00

Memo Item

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bugg, Kathi, , ,		Date of Receipt 11 / 23 / 2018 Transaction ID : SA11AI.6186
Mailing Address 1418 Aldridge Road		Amount of Each Receipt this Period 20.00
City Cortez	State CO	Zip Code 81321
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gebig, Charles, , ,		Date of Receipt 10 / 04 / 2018 Transaction ID : SA11AI.6136
Mailing Address 19001 Nalle Rd.		Amount of Each Receipt this Period 25.00
City N. Ft. Myer	State FL	Zip Code 33917
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NurseCareerBoard.com	Occupation (for Individual) Managing Partner	
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. Giampietro, Albert, , ,		Date of Receipt 10 / 20 / 2018 Transaction ID : SA11AI.6147
Mailing Address 41 Woodbridge Road		Amount of Each Receipt this Period 25.00
City Thorton	State PA	Zip Code 19373
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sentry Alarm Co Inc	Occupation (for Individual) Security	
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).....	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: PAGE 9 OF 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 41 Woodbridge Road

City Thorton State PA Zip Code 19373

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

Name of Employer (for Individual) Sentry Alarm Co Inc Occupation (for Individual) Security

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 20 / 2018

Transaction ID : SA11AI.6171

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Green, James, , , Jr

Mailing Address 3847 Galicia Road

City Jacksonville State FL Zip Code 32217

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2018

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period
25.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Green, James, , , Jr

Mailing Address 3847 Galicia Road

City Jacksonville State FL Zip Code 32217

FEC ID number of contributing 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 / D D / Y Y Y Y
 11 / 22 / 2018

Transaction ID : SA11AI.6176

Amount of Each Receipt this Period
25.00

Memo Item

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 10 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gregory, Boyd, , ,			Date of Receipt
Mailing Address 5146 Red Cedar Lane			<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.6191
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Conterra Ultra Broadband		Occupation (for Individual) Data Network Engineer	<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="525.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gregory, Boyd, , ,			Date of Receipt
Mailing Address 5146 Red Cedar Lane			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City Charlotte	State NC	Zip Code 28226	Transaction ID : SA11AI.6192
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer (for Individual) Conterra Ultra Broadband		Occupation (for Individual) Data Network Engineer	<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="550.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Haberlein, Patricia, , ,			Date of Receipt
Mailing Address 4506 Hersman St., SE			<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Grand Rapids	State MI	Zip Code 49546	Transaction ID : SA11AI.6137
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) Info Requested Per Best Effort		Occupation (for Individual) Info Requested Per Best Effort	<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="700.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Hoffman, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4203 Douglas Rd.
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 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 / 15 / 2018
Transaction ID : SA11AI.6140
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Hoffman, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4203 Douglas Rd.
 City Toledo State OH Zip Code 43613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 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
 11 / 15 / 2018
Transaction ID : SA11AI.6166
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Keaton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 643 Cobblestone Drive
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 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 / 17 / 2018
Transaction ID : SA11AI.6142
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 12 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Keaton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 643 Cobblestone Drive
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SEA LIMITED Occupation (for Individual) Senior Fire Investigator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2018
Transaction ID : SA11AI.6167
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kilber, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 947 Daily Road
 City Hudson State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Entrepreneur
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI.6152
 Amount of Each Receipt this Period 20.20
 Memo Item

C. Kilber, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 947 Daily Road
 City Hudson State WI Zip Code 54016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Entrepreneur
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 222.20

Date of Receipt 11 / 22 / 2018
Transaction ID : SA11AI.6180
 Amount of Each Receipt this Period 20.20
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.40
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mayes, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34144 North Las Estrellas Lane
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Access Gates PHX Occupation (for Individual) Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.6144
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Mayes, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34144 North Las Estrellas Lane
 City Queen Creek State AZ Zip Code 85142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Access Gates PHX Occupation (for Individual) Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 18 / 2018
Transaction ID : SA11AI.6168
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McManus, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 255
 City Hardeeville State SC Zip Code 29927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SC Department of Health Occupation (for Individual) Emergency Preparedness
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2018
Transaction ID : SA11AI.6159
 Amount of Each Receipt this Period 25.00
 Memo Item

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

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

A. Rae, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15221 North 44th Street
 City Phoenix State AZ Zip Code 85032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUTY BY BRENDA RAE Occupation (for Individual) RN Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 21 / 2018
Transaction ID : SA11AI.6194
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rae, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15221 North 44th Street
 City Phoenix State AZ Zip Code 85032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BEAUTY BY BRENDA RAE Occupation (for Individual) RN Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 11 / 21 / 2018
Transaction ID : SA11AI.6198
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Robison, Olivia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 W. Baca Way
 City Chino Valley State AZ Zip Code 86323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort Occupation (for Individual) Info Requested Per Best Effort
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2018
Transaction ID : SA11AI.6169
 Amount of Each Receipt this Period 20.00
 Memo Item

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

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

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

Mailing Address 71 Norwood Avenue

City Upper Montclare	State NJ	Zip Code 07043
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Lecturing Professor
---	--

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		21		2018

Transaction ID : SA11AI.6149

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 71 Norwood Avenue

City Upper Montclare	State NJ	Zip Code 07043
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Lecturing Professor
---	--

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
11		21		2018

Transaction ID : SA11AI.6174

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 39 Rosewood Rd.

City Casco	State ME	Zip Code 40150
---------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Nail Tech
---	--

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
10		11		2018

Transaction ID : SA11AI.6197

Amount of Each Receipt this Period
50.00

Memo Item

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 16 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ward-Wilson, Margaret, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154-D Via Don Ray Road

City Long Beach	State MS	Zip Code 39560
--------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2018

Transaction ID : SA11AI.6145

Amount of Each Receipt this Period
25.00

Memo Item

B. Ward-Wilson, Margaret, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 154-D Via Don Ray Road

City Long Beach	State MS	Zip Code 39560
--------------------	-------------	-------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2018

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 776 Wagon Wheel Rd.

City Greenville	State IL	Zip Code 62246
--------------------	-------------	-------------------

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

Name of Employer (for Individual) WOODS BASEMENT SYSTEMS, INC	Occupation (for Individual) Owner
--	--------------------------------------

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		20		2018

Transaction ID : SA11AI.6148

Amount of Each Receipt this Period
50.00

Memo Item

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: PAGE 17 OF 23
(check only one)

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

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

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

Mailing Address 776 Wagon Wheel Rd.

City Greenville	State IL	Zip Code 62246
--------------------	-------------	-------------------

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

Name of Employer (for Individual) WOODS BASEMENT SYSTEMS, INC	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2018

Transaction ID : SA11AL6172

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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 ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	1210.40

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 23
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Restream, Inc.

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

Mailing Address 8121 Bee Caves Rd.
#150

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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 ▼
269.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2018

Transaction ID : SA15.6124

Amount of Each Receipt this Period
269.80

Memo Item
refund of Online Services charge

B. Restream, Inc.

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

Mailing Address 8121 Bee Caves Rd.
#150

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

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 ▼
348.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2018

Transaction ID : SA15.6125

Amount of Each Receipt this Period
79.00

Memo Item
refund of Online Services charge

C.

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	348.80
TOTAL This Period (last page this line number only).....	348.80

**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

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

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

Full Name (Last, First, Middle Initial) A. AYRES HOTEL LAGUNA		Date of Disbursement MM / DD / YYYY 10 / 23 / 2018
Mailing Address 24341 El Toro Rd		FEC Identification Number C [] Transaction ID : SB21B.6104 Amount of Each Disbursement this Period [] 610.08
City Laguna Woods	State CA	Zip Code 92637
Purpose of Disbursement Lodging	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. California Resurgence		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 410 Spectrum Cir		FEC Identification Number C [] Transaction ID : SB21B.6087 Amount of Each Disbursement this Period [] 500.00
City Oxnard	State CA	Zip Code 93030
Purpose of Disbursement Tickets for LA CA Event	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. California Resurgence		Date of Disbursement MM / DD / YYYY 10 / 10 / 2018
Mailing Address 410 Spectrum Cir		FEC Identification Number C [] Transaction ID : SB21B.6088 Amount of Each Disbursement this Period [] 500.00
City Oxnard	State CA	Zip Code 93030
Purpose of Disbursement Tickets for LA CA Event	Category/Type []	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1610.08
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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial) A. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 10 / 01 / 2018
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6078
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense/Online Services		Amount of Each Disbursement this Period [] 15.84
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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 10 / 12 / 2018
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6089
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense/Online Services		Amount of Each Disbursement this Period [] 139.00
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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 11 / 05 / 2018
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6114
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense/Online Services		Amount of Each Disbursement this Period [] 16.98
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

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

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

[] 171.82
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 11 / 13 / 2018
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6119 Amount of Each Disbursement this Period [REDACTED] 139.00
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense/Online Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement MM / DD / YYYY 10 / 16 / 2018
Mailing Address 520 S. Grand Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6093 Amount of Each Disbursement this Period [REDACTED] 1290.30
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement Website Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement MM / DD / YYYY 11 / 16 / 2018
Mailing Address 520 S. Grand Avenue		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6121 Amount of Each Disbursement this Period [REDACTED] 1290.30
City Los Angeles	State CA	Zip Code 90071
Purpose of Disbursement Website Services		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2719.60
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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.6123
Amount of Each Disbursement this Period
3.24

Memo Item

Full Name (Last, First, Middle Initial)

B. PPD Ventures LLC

Mailing Address 2939 NW 43rd Ave

City Gainesville State FL Zip Code 32605

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2018

FEC Identification Number

C
Transaction ID : SB21B.6092
Amount of Each Disbursement this Period
2200.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Restream, Inc.

Mailing Address 8121 Bee Caves Rd.
#150

City Austin State TX Zip Code 78746

Purpose of Disbursement
Online Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2018

FEC Identification Number

C
Transaction ID : SB21B.6109
Amount of Each Disbursement this Period
269.80

Memo Item

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

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

2473.04

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Restream, Inc.

Mailing Address 8121 Bee Caves Rd.
#150

City Austin State TX Zip Code 78746

Purpose of Disbursement
Online Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2018

FEC Identification Number

C
Transaction ID : SB21B.6111
Amount of Each Disbursement this Period
79.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe

Mailing Address 185 Berry St #550

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 26 / 2018

FEC Identification Number

C
Transaction ID : SB21B.6129
Amount of Each Disbursement this Period
3.99

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

82.99
7057.53