

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

MAGA INC.

ADDRESS (number and street)

C/O BULLDOG COMPLIANCE

138 CONANT ST STE 401

Check if different
than previously
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00892471

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2025

06

30

2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GANTT, CHARLES, , ,

Signature of Treasurer

GANTT, CHARLES, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

31

2025

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**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA INC.

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		23799995.95
(b) Cash on Hand at Beginning of Reporting Period.....	23799995.95	
(c) Total Receipts (from Line 19)	176908595.00	176908595.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	200708590.95	200708590.95
7. Total Disbursements (from Line 31)	4607652.59	4607652.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	196100938.36	196100938.36
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	



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAGA INC.

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2025

To:

M M / D D / Y Y Y Y Y
06 30 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

176908595.00

176908595.00

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))

176908595.00

176908595.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

176908595.00

176908595.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	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).....	4607652.59	4607652.59
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)) ..	4607652.59	4607652.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4607652.59	4607652.59

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 94
(check only one)

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

NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. ADVANCED MEDICAL TECHNOLOGY ASSOCIATIONMailing Address 1301 PENNSYLVANIA AVE N.
STE 400City
WASHINGTONState
DCZip Code
20004FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2025**Transaction ID : SA17.4448**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ADVANCED MICRO DEVICES INC.

Mailing Address 2485 AUGUSTINE DR

City
SANTA CLARAState
CAZip Code
95054FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2025**Transaction ID : SA17.4570**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. ALPHA FOXTROT, LLC

Mailing Address 4199 CAMPUS DR. 9TH FLR

City
IRVINEState
CAZip Code
92612FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2025**Transaction ID : SA17.4544**

Amount of Each Receipt this Period

2000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.4609]**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. ALTRIA CLIENT SERVICES, LLC

Mailing Address PO BOX 85088

City
RICHMONDState
VAZip Code
23285FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2025**Transaction ID : SA17.4454**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

B. AMERICAN RIGHTS AND REFORM PAC, INC.Mailing Address 1100 NEW JERSEY AVE SE
SUITE 2000 #249City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00843433

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2025**Transaction ID : SA17.4446**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. AMERICAN VENTURES LLC

Mailing Address 1801 LAVACA ST STE 116

City
AUSTINState
TXZip Code
78701FEC 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 ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 16 / 2025**Transaction ID : SA17.4527**

Amount of Each Receipt this Period

25000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.4596]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2025000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. ANDREESSEN, MARC, L, ,

Mailing Address PO BOX 1707

City
LOS ALTOSState
CAZip Code
94023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A16ZOccupation (for Individual)
CO FOUNDER AND PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : SA17.4552

Amount of Each Receipt this Period

500000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ANDREESSEN, MARC, L, ,

Mailing Address PO BOX 1707

City
LOS ALTOSState
CAZip Code
94023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A16ZOccupation (for Individual)
CO FOUNDER AND PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA17.4553

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. AVA LABS INCMailing Address 1177 6TH AVE
5TH FLCity
NEW YORK CITYState
NYZip Code
10036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2025

Transaction ID : SA17.4425

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

4000000.00

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 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. BIGELOW, ROBERT, , ,

Mailing Address 1899 BROOKS AVE

City
NORTH LAS VEGASState
NVZip Code
89032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BIGELOW DEVELOPMENT CORPOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2025

Transaction ID : SA17.4537

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. BITGO INC

Mailing Address 2443 ASH ST

City
PALO ALTOState
CAZip Code
94306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		09		2025

Transaction ID : SA17.4562

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. BLOCKCHAIN.COM, INC.

Mailing Address 230 NW 24TH STREET

City
MIAMIState
FLZip Code
33127FEC 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 ▼

5000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

Transaction ID : SA17.4463

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

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

6250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. BLOCKCHAIN GAME PARTNERS INC

Mailing Address 300 B DRAKES LNDG STE 251

City
GREENBRAEState
CAZip Code
94904FEC 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 ▼

598559.94

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : SA17.4568**

Amount of Each Receipt this Period

598559.94

☐ Memo Item

NON-CONTRIBUTION

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

B. BOOK, ROBERT, H, ,

Mailing Address 200 FIESTA WAY

City

FORT LAUDERDALE

State

FL

Zip Code

33301

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

Name of Employer (for Individual)

BOOK CAPITAL ENTERPRISES

Occupation (for Individual)

CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2025**Transaction ID : SA17.4472**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. BRODIE, ELIZABETH, W., ,

Mailing Address 2043 FISHER ISLAND DR. #2043

City

MIAMI

State

FL

Zip Code

33109

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

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2025**Transaction ID : SA17.4581**

Amount of Each Receipt this Period

500000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR EWB
SERVICES LLC [SA17:4440]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1598559.94

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. BTC, INC.

Mailing Address 300 10TH AVENUE SOUTH

City
NASHVILLEState
TNZip Code
37203FEC 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 ▼

34212.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2025

Transaction ID : SA17.4630

Amount of Each Receipt this Period

34212.43

☐ Memo ItemNON-CONTRIBUTION: IN KIND: EVENT
SPONSORSHIP

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

B. BUCO ONE, LLCMailing Address 555 E NORTH LANE STE 5000
BLDG DCity
CONSHOHOCKENState
PAZip Code
19428FEC 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 ▼

2500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : SA17.4623

Amount of Each Receipt this Period

2500000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: EXTREMITY CARE LLC [SA17:4442];
SFF SOI F PROPRIETOR

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

C. BURCKHARDT, OLIVER, , ,Mailing Address 555 E NORTH LANESTE 5000
BLDG DCity
CONSHOHOCKENState
PAZip Code
19428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
EXTREMITY CARE LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : SA17.4624

Amount of Each Receipt this Period

2500000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION - BUCO ONE LLC [SA17:4623]

SUBTOTAL of Receipts This Page (optional)..... ►

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

34212.43

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA17

Transaction ID : SA17.4623

NON-CONTRIBUTION: SEE SOLE PROPRIETOR ATTRIBUTION [SA17.4624]

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. CAMPBELL, CODY, , ,

Mailing Address 3724 HULEN STREET

City
FORT WORTHState
TXZip Code
76107FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOUBLE EAGLEOccupation (for Individual)
CO-CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025**Transaction ID : SA17.4521**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. CAPITAL INSTITUTIONAL SERVICES INC.Mailing Address 1700 PACIFIC AVE
STE 1100City
DALLASState
TXZip Code
75201FEC 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 ▼

1035104.89

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 08 / 2025**Transaction ID : SA17.4509**

Amount of Each Receipt this Period

1035104.89

☐ Memo ItemNON-CONTRIBUTION: 1,660 SHARES META STOCK
SOLD THROUGH BROKER. PURCHASER
UNKNOWN

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

C. CAPITAL INSTITUTIONAL SERVICES INC.Mailing Address 1700 PACIFIC AVE
STE 1100City
DALLASState
TXZip Code
75201FEC 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 ▼

2980623.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2025**Transaction ID : SA17.4508**

Amount of Each Receipt this Period

1945518.85

☐ Memo ItemNON-CONTRIBUTION: 70,000 SHARES CSX STOCK
SOLD THROUGH BROKER. PURCHASER
UNKNOWN**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3480623.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. COLLIE PAW HOLDING LLCMailing Address 555 E NORTHLANE STE 5000
BLDG DCity
CONSHOHOCKENState
PAZip Code
19428FEC 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 ▼

2500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : SA17.4622**

Amount of Each Receipt this Period

2500000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: EXTREMITY CARE LLC [SA17:4442];
SEE SOLE PROPRIETOR

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

B. CONNECTICUT PATRIOTS PACMailing Address C/O BULLDOG COMPLIANCE
138 CONANT ST STE 401City
BEVERLYState
MAZip Code
01915FEC ID number of contributing
federal political committee.**C** C00804773

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11668.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2025**Transaction ID : SA17.4408**

Amount of Each Receipt this Period

11668.85

☐ Memo Item

NON-CONTRIBUTION

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

C. CONTINENTAL RESOURCES INC

Mailing Address PO BOX 268835

City
OKLAHOMA CITYState
OKZip Code
73126FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2025**Transaction ID : SA17.4500**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

1011668.85

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA17

Transaction ID : SA17.4622

NON-CONTRIBUTION: SEE SOLE PROPRIETOR ATTRIBUTION [SA17.4626]

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. COOK, RON, , ,

Mailing Address 5610 N. PALM AVE

City
FRESNOState
CAZip Code
93704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : SA17.4606

Amount of Each Receipt this Period

1000000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PROSPERITY FARMS LLC
(SA17-46181)

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

B. COOPER, FREDERICK, EANSOR, ,

Mailing Address PO BOX 643283

City
VERO BEACHState
FLZip Code
32963FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QOL MEDICAL LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : SA17.4461

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. CRAFT, JOSEPH, W, , IIIMailing Address 1717 S BOULDER AVE
STE 400City
TULSAState
OKZip Code
74119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALLIANCE RESOURCE PARTNERS LPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2025

Transaction ID : SA17.4502

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. DRAPER, TIMOTHY, , ,

Mailing Address 55 E 3RD AVE

City
SAN MATEOState
CAZip Code
94401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DRAPER ASSOCIATESOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2025**Transaction ID : SA17.4564**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. EHRSAM, FRED, , ,

Mailing Address 548 MARKET ST

City
SAN FRANCISCOState
CAZip Code
94104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PARADIGMOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2025**Transaction ID : SA17.4591**

Amount of Each Receipt this Period

100000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARADIGM OPERATIONS
ISA17-45591

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

C. ENERGY TRANSFER LP

Mailing Address 8111 WESTCHESTER DR

City
DALLASState
TXZip Code
78258FEC 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 ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : SA17.4523**

Amount of Each Receipt this Period

12500000.00

☐ Memo ItemNON-CONTRIBUTION: PUBLICLY TRADED
(NYSE:ET)**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. EWB SERVICES LLC

Mailing Address 210 W RITTENHOUSE SQ

City
PHILADELPHIAState
PAZip Code
19103FEC 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 ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2025**Transaction ID : SA17.4440**

Amount of Each Receipt this Period

500000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17:4581]

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

B. EXODUS MOVEMENT INCMailing Address 15418 WEIR ST
STE 333City
OMAHAState
NEZip Code
68137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2025**Transaction ID : SA17.4497**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. EXTREMITY CARE LLCMailing Address 555 E NORTH LN
STE 5000 BLDG DCity
CONSHOHOCKENState
PAZip Code
19428FEC 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 ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : SA17.4442**

Amount of Each Receipt this Period

5000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.4622; SA17.4623]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. FAGO, ELIZABETH, , ,

Mailing Address 700 OCEAN ROYALE WAY

City
JUNO BEACHState
FLZip Code
33408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS WOMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2025**Transaction ID : SA17.4481**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. FINCASTLE INVESTMENT PARTNERS LLC

Mailing Address 1111B S GOVERNORS AVE

City
DOVERState
DEZip Code
19904FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025**Transaction ID : SA17.4444**

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.4587]

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

C. FLORIDA CRYSTALS CORPMailing Address 1 N CLEMATIS ST
STE 2000City
WEST PALM BEACHState
FLZip Code
33401FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2025**Transaction ID : SA17.4474**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

3000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. FLORIDA CRYSTALS CORPMailing Address 1 N CLEMATIS ST
STE 2000City
WEST PALM BEACHState
FLZip Code
33401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : SA17.4475

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. FORD, WILLIAM, E, , III

Mailing Address 55 E 52ND ST FL 33

City
NEW YORKState
NYZip Code
10055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

GENERAL ATLANTIC

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

Transaction ID : SA17.4427

Amount of Each Receipt this Period

1250000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. FORIS DAX, INC.

Mailing Address 110 N. COLLEGE AVE SUITE 500

City
TYLERState
TXZip Code
75702FEC 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 ▼

10000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : SA17.4519

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

12250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016FEC 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 ▼

999699.11

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 17 / 2025

Transaction ID : SA17.4578

Amount of Each Receipt this Period

999699.11

☐ Memo ItemNON-CONTRIBUTION: 9.84715056 BITCOIN
LIQUIDATED VIA GEMINI TRUST - PURCHASER
UNKNOWN

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

B. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016FEC 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 ▼

999796.11

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2025

Transaction ID : SA17.4654

Amount of Each Receipt this Period

97.00

☐ Memo ItemNON-CONTRIBUTION: 100 USDC LIQUIDATED VIA
GEMINI TRUST - PURCHASER UNKNOWN

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

C. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016FEC 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 ▼

1401139.17

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2025

Transaction ID : SA17.4577

Amount of Each Receipt this Period

401343.06

☐ Memo ItemNON-CONTRIBUTION: 12,768,029.987 GALA COINS
LIQUIDATED VIA GEMINI TRUST - PURCHASER
UNKNOWN

SUBTOTAL of Receipts This Page (optional)..... ►

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

1401139.17

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016FEC 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 ▼

2901139.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA17.4579

Amount of Each Receipt this Period

1500000.00

☐ Memo ItemNON-CONTRIBUTION: 1,500,000 USDC COINS
LIQUIDATED VIA GEMINI TRUST - PURCHASER
UNKNOWN

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

B. GRACIAS, ANTONIO, J, ,Mailing Address 3737 COLLIN
PH3City
MIAMIState
FLZip Code
33140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

VALOR EQUITY PARTNERS

CEO AND CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2025

Transaction ID : SA17.4465

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. HARBURG, BENJAMIN, , ,

Mailing Address 1218 CERRO GORDA ROAD

City
SANTA FEState
NMZip Code
87501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

INVESTOR

MSA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2025

Transaction ID : SA17.4535

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

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

2750000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 94

(check only one)

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

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

NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. HBAR INCMailing Address 539 W COMMERCE ST
#2139City
DALLASState
TXZip Code
75208FEC 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 ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2025

Transaction ID : SA17.4511

Amount of Each Receipt this Period

750000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. HOROWITZ, BENJAMIN, , ,

Mailing Address 7 FALCON VIEW COURT

City

LAS VEGAS

State
NVZip Code
89135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A16Z

Occupation (for Individual)

CO-FOUNDER AND GENERAL PARTN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025

Transaction ID : SA17.4539

Amount of Each Receipt this Period

500000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. HOROWITZ, BENJAMIN, , ,

Mailing Address 7 FALCON VIEW COURT

City

LAS VEGAS

State
NVZip Code
89135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A16Z

Occupation (for Individual)

CO-FOUNDER AND GENERAL PARTN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA17.4540

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

NON-CONTRIBUTION

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

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

3750000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. HUANG, MATT, , ,

Mailing Address 54548 MARKET ST., SUITE 46425

City
SAN FRANCISCOState
CAZip Code
94104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PARADIGM OPERATIONS LPOccupation (for Individual)
CO-FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

MM / DD / YYYY
01 / 13 / 2025**Transaction ID : SA17.4589**

Amount of Each Receipt this Period

100000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARADIGM OPERATIONS
ISA17-45501

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

B. HUANG, MATT, , ,

Mailing Address 54548 MARKET ST., SUITE 46425

City
SAN FRANCISCOState
CAZip Code
94104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PARADIGM OPERATIONS LPOccupation (for Individual)
CO-FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100000.00

Date of Receipt

MM / DD / YYYY
04 / 04 / 2025**Transaction ID : SA17.4607**

Amount of Each Receipt this Period

1000000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARADIGM OPERATIONS
ISA17-45601

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

C. HUFFINES, DONALD, B, ,Mailing Address 8200 DOUGLAS AVE
STE 300City
DALLASState
TXZip Code
75225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HUFFINES ENTERPRISESOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

MM / DD / YYYY
01 / 02 / 2025**Transaction ID : SA17.4517**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

100000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. INPUT OUTPUT GLOBAL INCMailing Address 2015 IONOSPHERE ST
UNIT 201City
LONGMONTState
COZip Code
80504FEC ID number of contributing
federal political committee.

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
01		31		2025

Transaction ID : SA17.4533

Amount of Each Receipt this Period

☐ Memo Item**NON-CONTRIBUTION**

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

B. ISAACMAN, JARED, T, ,

Mailing Address 59 CAROUSEL LN

City

PALMER

State
PAZip Code
18045FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

SHIFT4

Occupation (for Individual)

EXECUTIVE

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
06		30		2025

Transaction ID : SA17.4435

Amount of Each Receipt this Period

☐ Memo Item**NON-CONTRIBUTION**

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

C. JADEJA, ASHA, , ,

Mailing Address 92 ATHERTON AVE.

City

ATHERTON

State
CAZip Code
94027FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

RETIRED

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
01		15		2025

Transaction ID : SA17.4555

Amount of Each Receipt this Period

☐ Memo Item**NON-CONTRIBUTION****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. JITO LABS INCMailing Address 3571 FAR WEST BLVD
UNIT 3267City
AUSTINState
TXZip Code
78731FEC 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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 15 / 2025

Transaction ID : SA17.4529

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. JONES, JERRAL, W, ,

Mailing Address 1 COWBOYS PKWY

City
IRVINGState
TXZip Code
75063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

Transaction ID : SA17.4504

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

199741.44

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025

Transaction ID : SA17.4421

Amount of Each Receipt this Period

199741.44

☐ Memo Item

NON-CONTRIBUTION: INTEREST

SUBTOTAL of Receipts This Page (optional)..... ►

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

1299741.44

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

587344.38

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2025

Transaction ID : SA17.4422

Amount of Each Receipt this Period

387602.94

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

B. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

963578.09

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025

Transaction ID : SA17.4423

Amount of Each Receipt this Period

376233.71

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

C. KOUM, JAN, , ,

Mailing Address 3561 HOMESTEAD RD #416

City
SANTA CLARAState
CAZip Code
95051FEC 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 ▼

1035104.89

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 08 / 2025

Transaction ID : SA17.4585

Amount of Each Receipt this Period

1035104.89

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION - MANZANITA MANAGEMENT GROUP
I I C ISA17-45831

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

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

763836.65

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. LAUDER, RONALD, S, ,

Mailing Address 767 5TH AVE

City
NEW YORK CITYState
NYZip Code
10153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2025

Transaction ID : SA17.4429

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. LFO MANAGEMENT LLC

Mailing Address 8080 LA JOLLA SCENIC DR N

City
LA JOLLAState
CAZip Code
92037FEC 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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 10 / 2025

Transaction ID : SA17.4542

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

C. LOBEL, JOSH, , ,

Mailing Address 4656 MEADOWOOD ROAD

City
DALLASState
TXZip Code
75220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
M-COR CAPITAL LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2025

Transaction ID : SA17.4513

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

5350000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. LOEFFLER, KELLY, , ,

Mailing Address 3650 TUXEDO RD NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US GOVERNMENTOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2025**Transaction ID : SA17.4641**

Amount of Each Receipt this Period

2500000.00

☒ Memo ItemNON-CONTRIBUTION: SPOUSAL REATTRIBUTION:
[SA17:4459]

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

B. MADDEN, SCOTT, , ,Mailing Address 555 E NORTH LN STE 5000
BLDG DCity
CONSHOHOCKENState
PAZip Code
19428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CO-OWNEROccupation (for Individual)
EXTREMITY CARE LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025**Transaction ID : SA17.4626**

Amount of Each Receipt this Period

2500000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION - COLLIE PAW HOLDING LLC
[SA17:4627]

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

C. MAKE AMERICA GREAT AGAIN, INC.Mailing Address C/O BULLDOG COMPLIANCE
138 CONANT ST STE 401City
BEVERLYState
MAZip Code
01915FEC ID number of contributing
federal political committee.**C** C00825851

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10562090.31

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2025**Transaction ID : SA17.4410**

Amount of Each Receipt this Period

10562090.31

☐ Memo Item

NON-CONTRIBUTION

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

10562090.31

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. MANZANITA MANAGEMENT GROUP LLC

Mailing Address 1801 PAGE MILL ROAD, SUITE 100

City
PALO ALTOState
CAZip Code
94304FEC 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 ▼

1035104.89

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2025

Transaction ID : SA17.4583

Amount of Each Receipt this Period

1035104.89

☒ Memo ItemNON-CONTRIBUTION: IN KIND: 1,660 SHARES
META STOCK [SA17:4509]; SEE SOLE PROPRIETOR
[SA17:4585]

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

B. MARATHON DIGITAL HOLDINGS INCMailing Address 101 NE 3RD AVE
STE 1200

City

FORT LAUDERDALE

State
FLZip Code
33301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 06 / 2025

Transaction ID : SA17.4470

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. MELLON, TIMOTHY, , ,

Mailing Address PO BOX 1500

City

SARATOGA

State
WYZip Code
82331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1945518.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2025

Transaction ID : SA17.4613

Amount of Each Receipt this Period

1945518.85

☒ Memo ItemNON-CONTRIBUTION: IN KIND: 70,000 SHARES CSX
[SA17:4508]

SUBTOTAL of Receipts This Page (optional)..... ►

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

1000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. MICROSTRATEGY INC

Mailing Address 1850 TOWERS CRESCENT PLAZA

City
VIENNAState
VAZip Code
22182FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2025**Transaction ID : SA17.4452**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. MOSIER, FRANK, , ,

Mailing Address 11 EVERGREEN CT

City

GETTYSBURG,

State

PA

Zip Code

17325

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

Name of Employer (for Individual)

TRIAMOND TRUST

Occupation (for Individual)

TRUSTEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2025**Transaction ID : SA17.4587**

Amount of Each Receipt this Period

1000000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: FINCASTLE INVESTMENT
PARTNFRS LLC ISA17-44441

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

C. MUSK, ELON, , ,

Mailing Address 2110 RANCH ROAD 620 S. #341886

City

AUSTIN

State

TX

Zip Code

78734

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

Name of Employer (for Individual)

SPACE EXPLORATION TECHNOLOGIES CORP.

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2025**Transaction ID : SA17.4531**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

6000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. NEWLIN, DANIEL, J, ,

Mailing Address 9807 GROSVENOR POINTE CIRCLE

City
WINDERMEREState
FLZip Code
34786FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DAN NEWLIN INJURY ATTORNEYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 02 / 2025

Transaction ID : SA17.4487

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. NEWLIN, DANIEL, J, ,

Mailing Address 9807 GROSVENOR POINTE CIRCLE

City
WINDERMEREState
FLZip Code
34786FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DAN NEWLIN INJURY ATTORNEYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 06 / 2025

Transaction ID : SA17.4488

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. NEWLIN, DANIEL, J, ,

Mailing Address 9807 GROSVENOR POINTE CIRCLE

City
WINDERMEREState
FLZip Code
34786FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DAN NEWLIN INJURY ATTORNEYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2025

Transaction ID : SA17.4489

Amount of Each Receipt this Period

200000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. ONDO FINANCE INC.

Mailing Address 500 WEST PUTNAM AVENUE, STE 400

City
GREENWICHState
CTZip Code
06830FEC 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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

Transaction ID : SA17.4414

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ONDO FINANCE INC.

Mailing Address 500 WEST PUTNAM AVENUE, STE 400

City
GREENWICHState
CTZip Code
06830FEC 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 ▼

2100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : SA17.4415

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. PARADIGM OPERATIONS LPMailing Address 201 POST ST
12TH FLOORCity
SAN FRANCISCOState
CAZip Code
94108FEC 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 ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 13 / 2025

Transaction ID : SA17.4559

Amount of Each Receipt this Period

200000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.4589; SA17;4591]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2300000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. PARADIGM OPERATIONS LPMailing Address 201 POST ST
12TH FLOORCity
SAN FRANCISCOState
CAZip Code
94108FEC 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 ▼

1200000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2025

Transaction ID : SA17.4560

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.4607]

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

B. PARSI, SHRAVAN, , ,

Mailing Address 1801 LAVACA ST #116

City
AUSTINState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERICAN VENTURESOccupation (for Individual)
CEO AND FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 16 / 2025

Transaction ID : SA17.4596

Amount of Each Receipt this Period

25000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION:AMERICAN VENTURES LLC
ISA17.45271

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

C. PAULSON, JOHN, ALFRED, ,

Mailing Address 180 LAKEVIEW AVE

City
PALM BEACHState
FLZip Code
33401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAULSON CAPITAL INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2025

Transaction ID : SA17.4479

Amount of Each Receipt this Period

250000.00

☐ Memo Item

NON-CONTRIBUTION

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

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

1250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. PROSPERITY FARMS LLC

Mailing Address 5610 N PALM AVE

City
FRESNOState
CAZip Code
93704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : SA17.4548**

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTION [SA17.4606]

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

B. RAI SERVICES COMPANY

Mailing Address 401 N MAIN ST

City
WINSTON-SALEMState
NCZip Code
27101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2025**Transaction ID : SA17.4456**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. RAI SERVICES COMPANY

Mailing Address 401 N MAIN ST

City
WINSTON-SALEMState
NCZip Code
27101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025**Transaction ID : SA17.4457**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

3000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 94
(check only one)

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

MAGA INC.

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

A. RAPIDX LABS, INC.

Mailing Address 2000 POWELL STREET

City
EMERYVILLEState
CAZip Code
94608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

Transaction ID : SA17.4566

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ROBERTS, KELLY, J, ,Mailing Address 4100 NEWPORT PL
STE 400City
NEWPORT BEACHState
CAZip Code
92660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

ENTREPRENEURIAL CORPORATE GROUP

OWNER, COO, VICE CHAIRMAN OF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : SA17.4546

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. SAMANI, PYAHM, , ,Mailing Address 501 WEST AVE
APT 3901City
AUSTINState
TXZip Code
78701FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

MULTICOIN CAPITAL

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 07 / 2025

Transaction ID : SA17.4525

Amount of Each Receipt this Period

200000.00

☐ Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

2200000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SCHIERMEYER, ERIC, , ,

Mailing Address 1309 E COFFEEN AVE STE 1111

City
SHERIDANState
WYZip Code
82801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GALA GAMESOccupation (for Individual)
FOUNDER/CEO

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
01		29		2025

Transaction ID : SA17.4657

Amount of Each Receipt this Period

97.00

☒ Memo Item

NON-CONTRIBUTION: 100 USDC SEE [SA17:4654]

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

B. SCHIERMEYER, ERIC, , ,

Mailing Address 1309 E COFFEEN AVE STE 1111

City
SHERIDANState
WYZip Code
82801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GALA GAMESOccupation (for Individual)
FOUNDER/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2025

Transaction ID : SA17.4604

Amount of Each Receipt this Period

401343.06

☒ Memo Item

NON-CONTRIBUTION: 12,768,029.987 GALA SEE [SA17:4577]

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

C. SCHIERMEYER, ERIC, , ,

Mailing Address 1309 E COFFEEN AVE STE 1111

City
SHERIDANState
WYZip Code
82801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GALA GAMESOccupation (for Individual)
FOUNDER/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

401440.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2025

Transaction ID : SA17.4659

Amount of Each Receipt this Period

401343.06

☐ Memo ItemNON-CONTRIBUTION: 12,768,029.987 GALA,
LIQUIDATED**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

401343.06

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SCHLAEPFER, WALTER, P, ,Mailing Address 5994 S HOLLY
#255City
GREENWOOD VILLAGEState
COZip Code
80111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JPMOccupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 13 / 2025**Transaction ID : SA17.4532**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. SECURING AMERICAN GREATNESS, INC.

Mailing Address 500 S AUSTRALIAN, AVE, STE 825

City
WEST PALM BEACHState
FLZip Code
33401FEC 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 ▼

13750000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025**Transaction ID : SA17.4477**

Amount of Each Receipt this Period

13750000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. SFS HOLDING CORP

Mailing Address 585 SOUTH BOULEVARD E.

City
PONTIACState
MIZip Code
48341FEC 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 ▼

1802000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : SA17.4636**

Amount of Each Receipt this Period

1802000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: UWM HOLDINGS, LLC [SA17:4633]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

14750000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SINHA, ANJANI, , ,

Mailing Address 10 COLONIAL DR

City
GLEN HEADState
NYZip Code
11545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ORTHO SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : SA17.4431**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. SKOLL, JEFFREY, , ,

Mailing Address 1020 S. OCEAN BLVD

City
LANTANAState
FLZip Code
33462FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GOODLANDS FLORIDA PROPERTY MGMOccupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025**Transaction ID : SA17.4485**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. SMUCKER, TIM, , ,

Mailing Address 4554 LAHM DR

City
AKRONState
OHZip Code
44319FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2025**Transaction ID : SA17.4491**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

2050000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SNYDER-ELLINGSON, LYNSI, , ,

Mailing Address 4199 CAMPUS DR. 9TH FLR

City
IRVINEState
CAZip Code
92612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IN-N-OUT BURGEROccupation (for Individual)
OWNER, PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2025**Transaction ID : SA17.4609**

Amount of Each Receipt this Period

2000000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: ALPHA FOXTROT LLC [SA17:4544]

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

B. SOLANA INSTITUTE

Mailing Address 1155 F ST NW

City
WASHINGTON DCState
DCZip Code
20004FEC 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 / D D / Y Y Y Y Y Y
05 / 14 / 2025**Transaction ID : SA17.4450**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. SOLIOS INCMailing Address 1850 GATEWAY DR
6TH FLCity
SANTA CLARAState
CAZip Code
95054FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2025**Transaction ID : SA17.4572**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

1010000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SPRECHER, JEFFREY, C, ,

Mailing Address 3650 TUXEDO RD NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERCONTINENTAL EXCHANGEOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA17.4459

Amount of Each Receipt this Period

5000000.00

☐ Memo Item
NON-CONTRIBUTION

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

B. SPRECHER, JEFFREY, C, ,

Mailing Address 3650 TUXEDO RD NW

City
ATLANTAState
GAZip Code
30305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERCONTINENTAL EXCHANGEOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2025

Transaction ID : SA17.4640

Amount of Each Receipt this Period

- 2500000.00

☒ Memo Item
NON-CONTRIBUTION: SPOUSAL REATTRIBUTION

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

C. STEPHENS, WARREN, A, ,Mailing Address 111 CENTER ST
STE 2020City
LITTLE ROCKState
ARZip Code
72201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STEPHENS INC.Occupation (for Individual)
PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : SA17.4498

Amount of Each Receipt this Period

1000000.00

☐ Memo Item
NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

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

6000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. SUNSHINE STATE FUTURE FUNDMailing Address 4075 LINGLESTOWN RD
PMB: 119City
HARRISBURGState
PAZip Code
17112FEC ID number of contributing
federal political committee.**C**

C00878173

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2025

Transaction ID : SA17.4433

Amount of Each Receipt this Period

5000.00

☐

Memo Item

NON-CONTRIBUTION

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

B. SWIRLDS INCMailing Address 3400 N CENTRAL EXPY
STE 470

City

RICHARDSON

State

TX

Zip Code

75080

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2025

Transaction ID : SA17.4506

Amount of Each Receipt this Period

250000.00

☐

Memo Item

NON-CONTRIBUTION

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

C. TAYLOR FRESH FOODS INC

Mailing Address 911-B BLANCO CIRCLE

City

SALINAS

State

CA

Zip Code

93902

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2025

Transaction ID : SA17.4550

Amount of Each Receipt this Period

1000000.00

☐

Memo Item

NON-CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1255000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 94
(check only one)

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

MAGA INC.

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

A. TEHRANI, BIJAN, , ,

Mailing Address 15 NUTMEG LANE

City
NEW CANAANState
CTZip Code
06840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAKEOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : SA17.4417

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. TG HOLDINGS LLCMailing Address 17070 COLLINS AVE
STE 2600City
SUNNY ISLES BEACHState
FLZip Code
33160FEC 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 ▼

1000100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2025

Transaction ID : SA17.4468

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.4594]

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

C. TOOLS FOR HUMANITY CORPORATION

Mailing Address 548 MARKET ST PMB 49951

City
SAN FRANCISCOState
CAZip Code
94104FEC 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 ▼

5000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2025

Transaction ID : SA17.4557

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

7000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. TRANSATLANTIC GROUP LTD

Mailing Address 174895 COLLINS AVE

City
SUNNY ISLES BEACHState
FLZip Code
33160FEC ID number of contributing
federal political committee.

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
01		14		2025

Transaction ID : SA17.4593

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: TG HOLDINGS LLC [SA17:4467]
TAXED AS A LIS CORPORAT

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

B. TRANSATLANTIC GROUP LTD

Mailing Address 174895 COLLINS AVE

City
SUNNY ISLES BEACHState
FLZip Code
33160FEC ID number of contributing
federal political committee.

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
01		15		2025

Transaction ID : SA17.4594

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: TG HOLDINGS LLC [SA17:4468]
TAXED AS A LIS CORPORAT

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

C. TULCHINSKY, IGOR, , ,

Mailing Address 1700 EAST PUTNAM AVE

City
OLD GREENWICHState
CTZip Code
06870FEC ID number of contributing
federal political committee.Name of Employer (for Individual)
WORLDQUANT LLCOccupation (for Individual)
CEO & FOUNDER

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
03		26		2025

Transaction ID : SA17.4419

Amount of Each Receipt this Period

☐ Memo Item

NON-CONTRIBUTION

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 94
(check only one)

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

MAGA INC.

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

A. TULL, THOMAS, , ,Mailing Address 227 WEST MONROE ST
STE 5000City
CHICAGOState
ILZip Code
60606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2025**Transaction ID : SA17.4495**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. UNITED HEALTHCARE SERVICES INC

Mailing Address 185 ASYLUM ST

City
HARTFORDState
CTZip Code
06103FEC 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 ▼

5000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2025**Transaction ID : SA17.4412**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. UNITED WHOLESALE MORTGAGE, LLC

Mailing Address 585 SOUTH BLVD E

City
PONTIACState
MIZip Code
48341FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : SA17.4493**

Amount of Each Receipt this Period

2000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.4633]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. UWM HOLDINGS, LLC

Mailing Address 585 SOUTH BOULEVARD E

City
PONTIACState
MIZip Code
48341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : SA17.4633**

Amount of Each Receipt this Period

2000000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: UNITED WHOLESALE MORTGAGE,
LLC [SA17:44031- SEE PARTN]

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

B. UWM HOLDINGS CORPORATION

Mailing Address 585 SOUTH BOULEVARD E.

City
PONTIACState
MIZip Code
48341FEC 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 ▼

198000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : SA17.4639**

Amount of Each Receipt this Period

198000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: UWM HOLDINGS, LLC [SA17:4633]

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

C. WARREN, KELCY, , ,

Mailing Address 8111 WESTCHESTER DR SUITE 600

City
DALLASState
TXZip Code
75225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

ENERGY TRANSFER

EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : SA17.4515**

Amount of Each Receipt this Period

12500000.00

☐ Memo Item

NON-CONTRIBUTION

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

12500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 94

(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		17		2025

Transaction ID : SA17.4598

Amount of Each Receipt this Period

499504.78

☒ Memo ItemNON-CONTRIBUTION: 4.91887528 BITCOIN SEE
[SA17:4578]

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

B. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		17		2025

Transaction ID : SA17.4599

Amount of Each Receipt this Period

475.26

☒ Memo ItemNON-CONTRIBUTION: 2.696 BITCOIN SEE
[SA17:4578]

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

C. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.26

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		17		2025

Transaction ID : SA17.4644

Amount of Each Receipt this Period

475.26

☐ Memo Item

NON-CONTRIBUTION: 2.696 BITCOIN, LIQUIDATED

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

475.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499980.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4645**

Amount of Each Receipt this Period

499504.78

☐ Memo ItemNON-CONTRIBUTION: 4.91887528 BITCOIN,
LIQUIDATED

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

B. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4601**

Amount of Each Receipt this Period

514272.13

☒ Memo ItemNON-CONTRIBUTION: 4.91437528 BITCOIN SEE
[SA17:4578]

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

C. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4602**

Amount of Each Receipt this Period

930.21

☒ Memo ItemNON-CONTRIBUTION: 0.0092 BITCOIN SEE
[SA17:4578]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499504.78

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.21

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4648**

Amount of Each Receipt this Period

930.21

☐ Memo ItemNON-CONTRIBUTION: 0.0092 BITCOIN,
LIQUIDATED

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

B. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINKLEVOSS CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515202.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4649**

Amount of Each Receipt this Period

514272.13

☐ Memo ItemNON-CONTRIBUTION: 4.91437528 BITCOIN,
LIQUIDATED

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

C. WINN, DAVID, RANDALL, ,

Mailing Address 7900 GLADES ROAD

City
BOCA RATONState
FLZip Code
33434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FIVEW CAPITALOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2025**Transaction ID : SA17.4483**

Amount of Each Receipt this Period

200000.00

☐ Memo Item

NON-CONTRIBUTION

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

715202.34

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. YASS, JEFF, , ,Mailing Address 401 E CITY AVE
STE 220City
BALA CYNWYDState
PAZip Code
19004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUSQUEHANNA INTERNATIONAL GRPOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025**Transaction ID : SA17.4437**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. YASS, JEFF, , ,Mailing Address 401 E CITY AVE
STE 220City
BALA CYNWYDState
PAZip Code
19004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUSQUEHANNA INTERNATIONAL GRPOccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2025**Transaction ID : SA17.4438**

Amount of Each Receipt this Period

15000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MILES PER HOUR INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2025**Transaction ID : SA17.4611**

Amount of Each Receipt this Period

1500000.00

☒ Memo ItemNON-CONTRIBUTION: 1,500,000 USDC LIQUIDATED
[SA17:4579]**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 94
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

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

A. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MILES PER HOUR INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2025

Transaction ID : SA17.4652

Amount of Each Receipt this Period

1500000.00

☐ Memo ItemNON-CONTRIBUTION: 1,500,000 USDC,
LIQUIDATED

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

1500000.00

176908397.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: ANNUAL CARD

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4396

Amount of Each Disbursement this Period

95.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4251

Amount of Each Disbursement this Period

2211.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4252

Amount of Each Disbursement this Period

13826.93

☐ Memo Item

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

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

16038.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: TRAVEL:

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4389

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: TRAVEL:

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4390

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: TRAVEL:

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4391

Amount of Each Disbursement this Period

29.12

☒ Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: TRAVEL:

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4392

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: TRAVEL:

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4397

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: TRAVEL:

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4398

Amount of Each Disbursement this Period

29.12

☒ Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

PAGE 55 OF 94

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: TRAVEL:

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4399**

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: TRAVEL:

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4400**

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BTC, INC.

Mailing Address 300 10TH AVENUE SOUTH

City
NASHVILLEState
TNZip Code
37203

Purpose of Disbursement

NON-CONTRIBUTION: IN KIND: EVENT SPONSORSHIP

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:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7		2	0	5			

FEC Identification Number

C**Transaction ID : SB29.4629**

Amount of Each Disbursement this Period

34212.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3	4	2	1	2	.	4	3					
---	---	---	---	---	---	---	---	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. BTC INC / BTC MEDIA, LLCMailing Address 6339 CHARLOTTE PIKE
UNIT #B321City
NASHVILLEState
TNZip Code
37209

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4256

Amount of Each Disbursement this Period

55800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4259

Amount of Each Disbursement this Period

19000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4260

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4261**

Amount of Each Disbursement this Period

10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4262**

Amount of Each Disbursement this Period

10000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4263**

Amount of Each Disbursement this Period

10000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**30000.00**

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

MAGA INC.

A. BULLDOG COMPLIANCE

Category/
Type

C

10000.00

Memo Item

District:

B. BULLDOG COMPLIANCE

Category/
Type

C

Memo Item

District:

C. CHAIN BRIDGE BANK N.A.

02 / 25 / 2025

Category/
Type

C

25.00

 Memo Item

20025.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4275

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4276

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4277

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4278

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4279

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4280

Amount of Each Disbursement this Period

41.67

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4281

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4282

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4283

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4284

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4285

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4286

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4287

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4288

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4289

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

70.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4290

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4291

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4292

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4293**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4294**

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4295**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

86.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4296**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4297**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4298**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4299

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4300

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4301

Amount of Each Disbursement this Period

25.00

☐ Memo Item

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

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

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4302**

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4303**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				0	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4304**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4305

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4306

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4307

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

91.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4308

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4309

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4310

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4311

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4312

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4313

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

91.67

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	5			

FEC Identification Number

C

Transaction ID : SB29.4314

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	5			

FEC Identification Number

C

Transaction ID : SB29.4315

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	5			

FEC Identification Number

C

Transaction ID : SB29.4379

Amount of Each Disbursement this Period

267.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

317.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB29.4380**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB29.4383**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 30 / 2025

FEC Identification Number

C**Transaction ID : SB29.4384**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	5		

FEC Identification Number

C Transaction ID : **SB29.4386**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTORAL COMMUNICATIONS GROUP, LLCMailing Address 701 S HOWARD AVE
STE 106-848City
TAMPAState
FLZip Code
33606Purpose of Disbursement
NON-CONTRIBUTION: EVENT EXPENSE: TELE-TOWN HALL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : **SB29.4317**

Amount of Each Disbursement this Period

5532.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EVENT STRATEGIES, INC.Mailing Address 510 KING ST
STE 315City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : **SB29.4319**

Amount of Each Disbursement this Period

10636.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18668.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. EVENT STRATEGIES, INC.Mailing Address 510 KING ST
STE 315City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4320**

Amount of Each Disbursement this Period

10115.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4322**

Amount of Each Disbursement this Period

5470.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4323**

Amount of Each Disbursement this Period

10538.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26124.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4324

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4325

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4326

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL CONSULTING AND EXPENSES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4327

Amount of Each Disbursement this Period

11940.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4328

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4329

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41940.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2025

City
TALLAHASSEEState
FLZip Code
32309

FEC Identification Number

C

Transaction ID : SB29.4330

Amount of Each Disbursement this Period

10000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2025

City
TALLAHASSEEState
FLZip Code
32309

FEC Identification Number

C

Transaction ID : SB29.4331

Amount of Each Disbursement this Period

10000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2025

City
TALLAHASSEEState
FLZip Code
32309

FEC Identification Number

C

Transaction ID : SB29.4332

Amount of Each Disbursement this Period

10000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type☐ Memo Item

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

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

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FROST FLORIDAMailing Address 701 BOUTWELL RD
STE A-5City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4333

Amount of Each Disbursement this Period

6839.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FROST FLORIDAMailing Address 701 BOUTWELL RD
STE A-5City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4334

Amount of Each Disbursement this Period

6893.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FROST FLORIDAMailing Address 701 BOUTWELL RD
STE A-5City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4335

Amount of Each Disbursement this Period

7324.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21056.86

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016

Purpose of Disbursement

NON-CONTRIBUTION: EXCHANGE FEE

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4337

Amount of Each Disbursement this Period

46138.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GO BIG MEDIA LLC

Mailing Address PO BOX 25026

City
WASHINGTONState
DCZip Code
20027

Purpose of Disbursement

NON-CONTRIBUTION: COMMUNICATIONS CONSULTING EXPENSE:

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4339

Amount of Each Disbursement this Period

220.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INPUT OUTPUT GLOBAL INCMailing Address 2015 IONOSPHERE ST
UNIT 201City
LONGMONTState
COZip Code
80504

Purpose of Disbursement

NON-CONTRIBUTION: CONTRIBUTION REFUND

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4341

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1046358.11

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. LANSDALE LLCMailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300City
KANSAS CITYState
MOZip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4343

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LANSDALE LLCMailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300City
KANSAS CITYState
MOZip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4344

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LANSDALE LLCMailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300City
KANSAS CITYState
MOZip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4345

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. LANSDALE LLCMailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300City
KANSAS CITYState
MOZip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4346

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LE BILBOQUET PALM BEACH

Mailing Address 245 WORTH AVE STE A

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4251]: EVENT

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:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4394

Amount of Each Disbursement this Period

2000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LE BILBOQUET PALM BEACH

Mailing Address 245 WORTH AVE STE A

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: EVENT

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4402

Amount of Each Disbursement this Period

8000.00

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. LE BILBOQUET PALM BEACH

Mailing Address 245 WORTH AVE STE A

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4252]: EVENT

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4401**

Amount of Each Disbursement this Period

5710.45

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4347**

Amount of Each Disbursement this Period

564.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4348**

Amount of Each Disbursement this Period

17291.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17855.91

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4349**

Amount of Each Disbursement this Period

2767.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB29.4350**

Amount of Each Disbursement this Period

6420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4351**

Amount of Each Disbursement this Period

4920.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14107.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4352

Amount of Each Disbursement this Period

6420.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4353

Amount of Each Disbursement this Period

1637.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCCUBBIN, J. AUSTIN, , ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4382

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18057.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MCCUBBIN, J. AUSTIN, , ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4385

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCUBBIN, J. AUSTIN, , ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4387

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4355

Amount of Each Disbursement this Period

1320.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11320.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4356

Amount of Each Disbursement this Period

4858.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4357

Amount of Each Disbursement this Period

2491.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4358

Amount of Each Disbursement this Period

2576.43

☐ Memo Item

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

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

9926.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4360

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4361

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4362

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4363

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4364

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SAWGRASS STRATEGIES, LLC

Mailing Address 3484 LAKESHORE DRIVE

City
TALLAHASSEEState
FLZip Code
32301

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4366

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 94

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. SCHIERMEYER, ERIC, , ,

Mailing Address 1309 E COFFEE AVE STE 1111

City
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: 12,768,029.987 GALA RECEIVED, LIQUIDATED

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4661

Amount of Each Disbursement this Period

401343.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THUMOS STRATEGY

Mailing Address 8009 66TH ST

City
PARADISE VALLEYState
AZZip Code
85253

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4368

Amount of Each Disbursement this Period

62500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMONE, LLC DBA MASS MARKETS

Mailing Address 2937 SIERRA CT SW

City
IOWA CITYState
IAZip Code
52240

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: TELE-TOWN HALL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4370

Amount of Each Disbursement this Period

25747.98

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

489591.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. TRUMP NATIONAL GOLF CLUB- WASHINGTON DC

Mailing Address 20391 LOWES ISLAND BLVD

City
POTOMAC FALLSState
VAZip Code
20165

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4372

Amount of Each Disbursement this Period

20711.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4374

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4375

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30711.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4376

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4377

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010

Purpose of Disbursement

NON-CONTRIBUTION: 2.696 BITCOIN RECEIVED, LIQUIDATED

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4646

Amount of Each Disbursement this Period

475.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10475.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. WINKLEVOSS, CAMERON, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010

Purpose of Disbursement

NON-CONTRIBUTION: 4.91887528 BITCOIN RECEIVED, LIQUIDATED

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4647**

Amount of Each Disbursement this Period

499504.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010

Purpose of Disbursement

NON-CONTRIBUTION: 0.0092 BITCOIN RECEIVED, LIQUIDATED

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4650**

Amount of Each Disbursement this Period

930.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINKLEVOSS, TYLER, , ,

Mailing Address 30 W 24TH ST 4TH FLOOR

City
NEW YORKState
NYZip Code
10010

Purpose of Disbursement

NON-CONTRIBUTION: 4.91437528 BITCOIN RECEIVED, LIQUIDATED

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4651**

Amount of Each Disbursement this Period

514272.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1014707.12

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432

Purpose of Disbursement

NON-CONTRIBUTION: 1,500,000 USDC RECEIVED, LIQUIDATED

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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4653

Amount of Each Disbursement this Period

1500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

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).....▶

1500000.00

4607308.59