

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) PO Box 26141
Check if different than previously reported. (ACC) Alexandria VA 22313-6141

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00763227
3. IS THIS REPORT NEW OR AMENDED (A) [x] (N) []

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

5. Covering Period 01 / 01 / 2023 through 06 / 30 / 2023

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

Signature of Treasurer MARSTON, CHRIS, , [Electronically Filed] Date 07 / 31 / 2023

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ULTRA MAGA PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="1654.84"/>	<input type="text" value="1654.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1654.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="387125.64"/>	<input type="text" value="387125.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="388780.48"/>	<input type="text" value="388780.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="347750.87"/>	<input type="text" value="347750.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41029.61"/>	<input type="text" value="41029.61"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ULTRA MAGA PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	73651.00	73651.00
(ii) Unitemized	311280.95	311280.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	384931.95	384931.95
(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)	384931.95	384931.95
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).....	2193.69	2193.69
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	387125.64	387125.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	387125.64	387125.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	346147.69	346147.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	346147.69	346147.69
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	1603.18	1603.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1603.18	1603.18
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	347750.87	347750.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	347750.87	347750.87

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	384931.95	384931.95
34. Total Contribution Refunds (from Line 28(d))	1603.18	1603.18
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	383328.77	383328.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	346147.69	346147.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2193.69	2193.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)	343954.00	343954.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ADAMS, ROBERT, M, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 IRIQUOIS DR
 City CANADIAN State OK Zip Code 74425-5068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 23 / 2023**
Transaction ID : SA11A.27058
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. ADAMS, ROBERT, M, DR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 IRIQUOIS DR
 City CANADIAN State OK Zip Code 74425-5068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 06 / 2023**
Transaction ID : SA11A.33543
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. AHLER, ALBERT, J, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1247 RIVER OAKS DR
 City KINGSTON State TN Zip Code 37763-2357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt **02 / 14 / 2023**
Transaction ID : SA11A.26974
 Amount of Each Receipt this Period 265.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	615.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 5701 W SAGEMOOR RD

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

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11A.28958

Amount of Each Receipt this Period
300.00

Memo Item
CONTRIBUTION

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

Mailing Address 7034 E HACIENDA LA COLORADA DR

City GOLD CANYON	State AZ	Zip Code 85118-1904
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2023

Transaction ID : SA11A.32357

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 52 ROWSLEY ST APT 2

City BRIDGEPORT	State CT	Zip Code 06605-3094
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
333.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2023

Transaction ID : SA11A.29112

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ARBELO, JOSE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 ROWSLEY ST APT 2
 City BRIDGEPORT State CT Zip Code 06605-3094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.31349
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION

B. ARBELO, JOSE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 ROWSLEY ST APT 2
 City BRIDGEPORT State CT Zip Code 06605-3094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11A.34280
 Amount of Each Receipt this Period 99.00
 Memo Item CONTRIBUTION

C. ARBELO, JOSE, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 ROWSLEY ST APT 2
 City BRIDGEPORT State CT Zip Code 06605-3094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.34281
 Amount of Each Receipt this Period 99.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	233.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ASH, GRADY, , MR,

Mailing Address 5812 S ATLANTA PL

City TULSA	State OK	Zip Code 74105-7500
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AG EQUIPMENT CO.	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

Transaction ID : SA11A.32886

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ASHCRAFT, CLARENCE, W, MRS,

Mailing Address 16745 N OAK HILL LN

City MOUNT VERNON	State IL	Zip Code 62864-8726
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2023

Transaction ID : SA11A.33400

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. AYOTTE, JOANN, M, MRS,

Mailing Address 5256 PARKWAY DR

City BAY CITY	State MI	Zip Code 48706-3347
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
282.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2023

Transaction ID : SA11A.27140

Amount of Each Receipt this Period
145.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1645.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AYOTTE, JOANN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5256 PARKWAY DR
 City BAY CITY State MI Zip Code 48706-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 03 / 10 / 2023
Transaction ID : SA11A.27907
 Amount of Each Receipt this Period 90.00
 Memo Item CONTRIBUTION

B. AYOTTE, JOANN, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5256 PARKWAY DR
 City BAY CITY State MI Zip Code 48706-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.31398
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

C. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11A.26869
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	237.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 03 / 13 / 2023
Transaction ID : SA11A.28096
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 04 / 07 / 2023
Transaction ID : SA11A.29320
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION

C. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 25 / 2023
Transaction ID : SA11A.31898
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 05 / 25 / 2023
Transaction ID : SA11A.31899
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. AYRES, ROBERT, EARL, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 W WOLF ST
 City MADILL State OK Zip Code 73446-1046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MICHELIN Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.34850
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. BADER, NYLA, J, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 CYGNET PL
 City LONG LAKE State MN Zip Code 55356-9734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.33500
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2023
Transaction ID : SA11A.27088
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2023
Transaction ID : SA11A.27089
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2023
Transaction ID : SA11A.28947
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	185.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 04 / 25 / 2023
Transaction ID : SA11A.28948
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

B. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 04 / 25 / 2023
Transaction ID : SA11A.28949
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11A.30997
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BAINBRIDGE, CAROL, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 HEARTHSTONE RD
 City BLOOMFIELD State NJ Zip Code 07003-4303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 409.00

Date of Receipt 05 / 25 / 2023
Transaction ID : SA11A.30998
 Amount of Each Receipt this Period 99.00
 Memo Item CONTRIBUTION

B. BAKER, PETER, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 RIDGE LN APT 214
 City WALTHAM State MA Zip Code 02452-4982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2023
Transaction ID : SA11A.29168
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. BATTLES, FRED, L, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 ALLIANCE DR APT 101
 City CARLISLE State PA Zip Code 17013-4139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2023
Transaction ID : SA11A.31350
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	849.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BEATTY, ROBERT, R, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 580 S PEAR ORCHARD RD APT 111

City RIDGELAND	State MS	Zip Code 39157-4209
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2023

Transaction ID : SA11A.27119

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 580 S PEAR ORCHARD RD APT 111

City RIDGELAND	State MS	Zip Code 39157-4209
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2023

Transaction ID : SA11A.29050

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 580 S PEAR ORCHARD RD APT 111

City RIDGELAND	State MS	Zip Code 39157-4209
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

Transaction ID : SA11A.34133

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	299.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2023
Transaction ID : SA11A.27748
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2023
Transaction ID : SA11A.28897
 Amount of Each Receipt this Period
 35.00
 Memo Item
 CONTRIBUTION

C. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 19 / 2023
Transaction ID : SA11A.28898
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEEKWILDER, HENRICUS, P, MR,

Mailing Address 2407 FLAGSTICK DR

City MATTHEWS State NC Zip Code 28104-0636

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 05 / 08 / 2023
Transaction ID : SA11A.30848

Amount of Each Receipt this Period 300.00

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEEKWILDER, HENRICUS, P, MR,

Mailing Address 2407 FLAGSTICK DR

City MATTHEWS State NC Zip Code 28104-0636

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11A.30849

Amount of Each Receipt this Period 99.00

Memo Item CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEEKWILDER, HENRICUS, P, MR,

Mailing Address 2407 FLAGSTICK DR

City MATTHEWS State NC Zip Code 28104-0636

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 05 / 26 / 2023
Transaction ID : SA11A.30850

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 499.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.30851
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.33774
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. BEEKWILDER, HENRICUS, P, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2407 FLAGSTICK DR
 City MATTHEWS State NC Zip Code 28104-0636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1431.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.33775
 Amount of Each Receipt this Period 297.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 697.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 17 PELICAN LN

City FLAGLER BEACH	State FL	Zip Code 32136-2739
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2023

Transaction ID : SA11A.32829

Amount of Each Receipt this Period
400.00

Memo Item CONTRIBUTION

B. BERRY, MARY, ANN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4030 TIMBER LN

City ORLANDO	State FL	Zip Code 32804-2236
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11A.29456

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. BERRY, MARY, ANN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4030 TIMBER LN

City ORLANDO	State FL	Zip Code 32804-2236
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11A.29457

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BERRY, MARY, ANN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4030 TIMBER LN

City ORLANDO	State FL	Zip Code 32804-2236
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2023

Transaction ID : SA11A.32346

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 9

City DIABLO	State CA	Zip Code 94528-0009
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 14 / 2023

Transaction ID : SA11A.34097

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 207

City CHINA	State TX	Zip Code 77613-0207
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

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

Transaction ID : SA11A.27741

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.26795
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 28 / 2023
Transaction ID : SA11A.28185
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 28 / 2023
Transaction ID : SA11A.28186
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 04 / 2023
Transaction ID : SA11A.32153
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11A.32154
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. BIRTALAN, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 GENTLE WIND DR
 City KELLER State TX Zip Code 76248-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11A.35166
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BLACK, DENISE, LYNN, MRS,

Mailing Address 16608 JANAN DR

City TYLER	State TX	Zip Code 75707-7630
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2023

Transaction ID : SA11A.27109

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BLACK, DENISE, LYNN, MRS,

Mailing Address 16608 JANAN DR

City TYLER	State TX	Zip Code 75707-7630
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID : SA11A.29023

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BLACK, DENISE, LYNN, MRS,

Mailing Address 16608 JANAN DR

City TYLER	State TX	Zip Code 75707-7630
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2023

Transaction ID : SA11A.34068

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 02 / 07 / 2023
Transaction ID : SA11A.27126
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 02 / 08 / 2023
Transaction ID : SA11A.27127
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 02 / 16 / 2023
Transaction ID : SA11A.27128
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BONANZINGA, ANTHONY, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : SA11A.27862
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. BONANZINGA, ANTHONY, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2023
Transaction ID : SA11A.29076
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. BONANZINGA, ANTHONY, J, MR.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2023
Transaction ID : SA11A.29077
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 04 / 28 / 2023
Transaction ID : SA11A.29078
 Amount of Each Receipt this Period 20.00
 Memo Item CONTRIBUTION

B. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11A.31278
 Amount of Each Receipt this Period 20.00
 Memo Item CONTRIBUTION

C. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 05 / 26 / 2023
Transaction ID : SA11A.31279
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BONANZINGA, ANTHONY, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 ALANBY DR
 City MERIDEN State CT Zip Code 06451-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.34207
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. BRAGG, CAROLYN, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3260 RIDGECREST LN
 City O FALLON State MO Zip Code 63366-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.34020
 Amount of Each Receipt this Period 400.00
 Memo Item CONTRIBUTION

C. BRIGGS, EDDIE, L, MINISTER,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7706 STERLINGSHIRE ST
 City HOUSTON State TX Zip Code 77016-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 04 / 17 / 2023
Transaction ID : SA11A.29074
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRIGGS, EDDIE, L, MINISTER,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7706 STERLINGSHIRE ST
 City HOUSTON State TX Zip Code 77016-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00

Date of Receipt **04 / 24 / 2023**
Transaction ID : SA11A.29075
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. BRIGGS, EDDIE, L, MINISTER,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7706 STERLINGSHIRE ST
 City HOUSTON State TX Zip Code 77016-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 385.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11A.31275
 Amount of Each Receipt this Period 135.00
 Memo Item CONTRIBUTION

C. BRYDEN, ELIZABETH, M, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 W 67TH ST APT 611
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00

Date of Receipt **02 / 14 / 2023**
Transaction ID : SA11A.27042
 Amount of Each Receipt this Period 205.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRYDEN, ELIZABETH, M, MS, RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 W 67TH ST
 City NEW YORK State NY Zip Code 10023-6200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.30477
 Amount of Each Receipt this Period 205.00
 Memo Item CONTRIBUTION

B. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 03 / 13 / 2023
Transaction ID : SA11A.28039
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 03 / 15 / 2023
Transaction ID : SA11A.28040
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2023
Transaction ID : SA11A.28041
 Amount of Each Receipt this Period
 45.00
 Memo Item
 CONTRIBUTION

B. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2023
Transaction ID : SA11A.29260
 Amount of Each Receipt this Period
 45.00
 Memo Item
 CONTRIBUTION

C. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2023
Transaction ID : SA11A.31758
 Amount of Each Receipt this Period
 45.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 05 / 17 / 2023
Transaction ID : SA11A.31759
 Amount of Each Receipt this Period 99.00
 Memo Item CONTRIBUTION

B. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 06 / 05 / 2023
Transaction ID : SA11A.34699
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

C. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 FOXDALE LOOP S
 City SOUTHAVEN State MS Zip Code 38672-7567
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 06 / 15 / 2023
Transaction ID : SA11A.34700
 Amount of Each Receipt this Period 44.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. BUTLER, MARIE, M, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5927 FOXDALE LOOP S

City SOUTHAVEN	State MS	Zip Code 38672-7567
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.34701

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 248 HAWLEYTON TPKE

City BRACKNEY	State PA	Zip Code 18812-7837
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2023

Transaction ID : SA11A.31114

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. CARDONE, DONALD, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5757 STONY POINT RD

City COTATI	State CA	Zip Code 94931-9720
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

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

Transaction ID : SA11A.28655

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CARDONE, DONALD, R, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5757 STONY POINT RD
 City COTATI State CA Zip Code 94931-9720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2023
Transaction ID : SA11A.33217
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. CARSTEN, PETER, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5058 E WATER ST
 City PORT CLINTON State OH Zip Code 43452-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 25 / 2023
Transaction ID : SA11A.26753
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. CARSTEN, PETER, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5058 E WATER ST
 City PORT CLINTON State OH Zip Code 43452-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 23 / 2023
Transaction ID : SA11A.27344
 Amount of Each Receipt this Period 55.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	355.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CARSTEN, PETER, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5058 E WATER ST
 City PORT CLINTON State OH Zip Code 43452-9782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 19 / 2023
Transaction ID : SA11A.28343
 Amount of Each Receipt this Period 70.00
 Memo Item CONTRIBUTION

B. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 06 / 2023
Transaction ID : SA11A.26935
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.29732
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.29733
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. CHAPMAN, DANIEL, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 10TH ST
 City NEW SMYRNA BEACH State FL Zip Code 32168-7727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 08 / 2023
Transaction ID : SA11A.29734
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8
 City CAMARILLO State CA Zip Code 93012-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED TEACHER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1742.00

Date of Receipt 02 / 14 / 2023
Transaction ID : SA11A.27187
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8

City CAMARILLO	State CA	Zip Code 93012-6928
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1742.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2023

Transaction ID : SA11A.27188

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8

City CAMARILLO	State CA	Zip Code 93012-6928
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1742.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2023

Transaction ID : SA11A.28005

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

C. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8

City CAMARILLO	State CA	Zip Code 93012-6928
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1742.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2023

Transaction ID : SA11A.31643

Amount of Each Receipt this Period
247.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	747.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8
 City CAMARILLO State CA Zip Code 93012-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1742.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.34565
 Amount of Each Receipt this Period 495.00
 Memo Item CONTRIBUTION

B. CHUCK, AILEEN, M, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8144 VILLAGE 8
 City CAMARILLO State CA Zip Code 93012-6928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1742.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.34566
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. CIBOR, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N 12TH ST APT 22
 City GRAND JCT State CO Zip Code 81501-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt 03 / 14 / 2023
Transaction ID : SA11A.28150
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	845.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CIBOR, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N 12TH ST APT 22
 City GRAND JCT State CO Zip Code 81501-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2023
Transaction ID : SA11A.28151
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. CIBOR, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N 12TH ST APT 22
 City GRAND JCT State CO Zip Code 81501-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2023
Transaction ID : SA11A.29373
 Amount of Each Receipt this Period
 10.00
 Memo Item
 CONTRIBUTION

C. CIBOR, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 N 12TH ST APT 22
 City GRAND JCT State CO Zip Code 81501-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2023
Transaction ID : SA11A.29374
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 40 OF 208
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 40 OF 208
(x) 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CIBOR, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 923 N 12TH ST APT 22
City GRAND JCT State CO Zip Code 81501-3120
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 610.00

Date of Receipt
04 / 27 / 2023
Transaction ID : SA11A.29375
Amount of Each Receipt this Period
100.00
Memo Item CONTRIBUTION

B. CIBOR, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 923 N 12TH ST APT 22
City GRAND JCT State CO Zip Code 81501-3120
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 610.00

Date of Receipt
06 / 26 / 2023
Transaction ID : SA11A.35056
Amount of Each Receipt this Period
200.00
Memo Item CONTRIBUTION

C. CLAIBORNE, WALTER, H, MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 2509 PINE ST
City NEW ORLEANS State LA Zip Code 70125-4048
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 350.00

Date of Receipt
03 / 23 / 2023
Transaction ID : SA11A.27613
Amount of Each Receipt this Period
150.00
Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 450.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CLAIRBORNE, WALTER, H, MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 PINE ST
 City NEW ORLEANS State LA Zip Code 70125-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 27 / 2023
Transaction ID : SA11A.33349
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. COLLINS, KATHERINE, C, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 MALLARD POINTE DR
 City CEDAR HILL State TX Zip Code 75104-8292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 02 / 01 / 2023
Transaction ID : SA11A.27075
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

C. COLLINS, KATHERINE, C, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 MALLARD POINTE DR
 City CEDAR HILL State TX Zip Code 75104-8292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 02 / 2023
Transaction ID : SA11A.27733
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 1008 MALLARD POINTE DR

City CEDAR HILL	State TX	Zip Code 75104-8292
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID : SA11A.28871

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. CULBERTSON, JOHN, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 N LA CANADA DR

City GREEN VALLEY	State AZ	Zip Code 85614-3129
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2023

Transaction ID : SA11A.31930

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. CULBERTSON, JOHN, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 N LA CANADA DR

City GREEN VALLEY	State AZ	Zip Code 85614-3129
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2023

Transaction ID : SA11A.34891

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. CULBERTSON, JOHN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 N LA CANADA DR
 City GREEN VALLEY State AZ Zip Code 85614-3129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 28 / 2023
Transaction ID : SA11A.34892
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. CUNNINGHAM, JUDITH, A, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5101 N CASA BLANCA DR UNIT 326
 City PARADISE VALLEY State AZ Zip Code 85253-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.34263
 Amount of Each Receipt this Period 275.00
 Memo Item CONTRIBUTION

C. DEAN, BARBARA, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 COMMONWEALTH RD
 City WATERTOWN State MA Zip Code 02472-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 30 / 2023
Transaction ID : SA11A.27372
 Amount of Each Receipt this Period 350.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DEAN, BARBARA, R, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 67 COMMONWEALTH RD
 City WATERTOWN State MA Zip Code 02472-1318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.29720
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. DEHOYOS, BERNARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 BISHOPTON ST
 City PEARLAND State TX Zip Code 77581-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2023
Transaction ID : SA11A.27922
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN
 City BOARDMAN State OH Zip Code 44512-1666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 06 / 2023
Transaction ID : SA11A.28178
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	495.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2023
Transaction ID : SA11A.28179

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2023
Transaction ID : SA11A.28180

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023
Transaction ID : SA11A.29408

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2023

Transaction ID : SA11A.32144

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2023

Transaction ID : SA11A.32145

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

C. DI MENNO, DEBORAH, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4631 WASEKA LN

City BOARDMAN	State OH	Zip Code 44512-1666
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

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

Transaction ID : SA11A.35152

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DONLEY, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11A.26783
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. DONLEY, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.30175
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. DONLEY, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 06 / 08 / 2023
Transaction ID : SA11A.33108
 Amount of Each Receipt this Period 49.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	149.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DONLEY, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11A.33109
 Amount of Each Receipt this Period 30.00
 Memo Item CONTRIBUTION

B. DONLEY, KENNETH, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7905 LEE ROAD 145
 City SALEM State AL Zip Code 36874-2050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.33110
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. DOWNS, RONALD, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6207 FOXCROFT RD
 City ALEXANDRIA State VA Zip Code 22307-1104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 598.00

Date of Receipt 03 / 15 / 2023
Transaction ID : SA11A.28045
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	180.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DOWNS, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6207 FOXCROFT RD

City ALEXANDRIA	State VA	Zip Code 22307-1104
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : SA11A.29267

Amount of Each Receipt this Period
150.00

Memo Item CONTRIBUTION

B. DOWNS, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6207 FOXCROFT RD

City ALEXANDRIA	State VA	Zip Code 22307-1104
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2023

Transaction ID : SA11A.31776

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. DOWNS, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6207 FOXCROFT RD

City ALEXANDRIA	State VA	Zip Code 22307-1104
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
598.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2023

Transaction ID : SA11A.34724

Amount of Each Receipt this Period
148.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	398.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DOWNS, RONALD, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6207 FOXCROFT RD

City ALEXANDRIA	State VA	Zip Code 22307-1104
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 26 / 2023
Transaction ID : SA11A.34725

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. DYER, BARBARA, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9060 SE 70TH TER

City OCALA	State FL	Zip Code 34472-3447
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 12 / 2023
Transaction ID : SA11A.34197

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

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

Mailing Address 13 CALA D OR

City LAGUNA NIGUEL	State CA	Zip Code 92677-9011
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 14 / 2023
Transaction ID : SA11A.27112

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ESSLINGER, BECKY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8930 N MAGENTA WAY
 City TUCSON State AZ Zip Code 85743-5116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.32401
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. EYHERABIDE, JUANITA, , MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5284 KENT DR
 City BAKERSFIELD State CA Zip Code 93306-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 07 / 2023
Transaction ID : SA11A.28346
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. EYHERABIDE, JUANITA, , MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5284 KENT DR
 City BAKERSFIELD State CA Zip Code 93306-3908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 31 / 2023
Transaction ID : SA11A.29659
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FAULKNER, LAWRENCE, D, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9368 SW LINK ST

City CORNELIUS	State OR	Zip Code 97113-9635
-------------------	-------------	------------------------

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

Name of Employer (for Individual) X STEEL & UTILITY WORKER	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
382.00

Date of Receipt

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

Transaction ID : SA11A.27144

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. FAULKNER, LAWRENCE, D, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9368 SW LINK ST

City CORNELIUS	State OR	Zip Code 97113-9635
-------------------	-------------	------------------------

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

Name of Employer (for Individual) X STEEL & UTILITY WORKER	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
382.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2023

Transaction ID : SA11A.27917

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

C. FAULKNER, LAWRENCE, D, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9368 SW LINK ST

City CORNELIUS	State OR	Zip Code 97113-9635
-------------------	-------------	------------------------

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

Name of Employer (for Individual) X STEEL & UTILITY WORKER	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
382.00

Date of Receipt

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

Transaction ID : SA11A.27918

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X STEEL & UTILITY WORKER Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 382.00

Date of Receipt **03 / 27 / 2023**
Transaction ID : SA11A.27919
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

B. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X STEEL & UTILITY WORKER Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 382.00

Date of Receipt **04 / 28 / 2023**
Transaction ID : SA11A.29145
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION

C. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X STEEL & UTILITY WORKER Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 382.00

Date of Receipt **05 / 30 / 2023**
Transaction ID : SA11A.31422
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	112.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X STEEL & UTILITY WORKER Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.31423
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION

B. FAULKNER, LAWRENCE, D, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9368 SW LINK ST
 City CORNELIUS State OR Zip Code 97113-9635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) X STEEL & UTILITY WORKER Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 382.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.31424
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

C. FERNANDES, F, DAN, MR, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 STRATFORD WAY
 City LA VERNE State CA Zip Code 91750-5143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11A.29897
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. FINCH, MARIE, G, MRS,		Date of Receipt MM / DD / YYYY 06 / 06 / 2023
Mailing Address 441 W CROWS NEST LN		Transaction ID : SA11A.35063
City SEQUIM	State WA	Zip Code 98382-3075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. FINLEY, MARJORIE, M, MS,		Date of Receipt MM / DD / YYYY 05 / 22 / 2023
Mailing Address 402 W MAPLE ST		Transaction ID : SA11A.31761
City SUTTON	State NE	Zip Code 68979-2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. FINLEY, MARJORIE, M, MS,		Date of Receipt MM / DD / YYYY 06 / 09 / 2023
Mailing Address 402 W MAPLE ST		Transaction ID : SA11A.34704
City SUTTON	State NE	Zip Code 68979-2016
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 284.00	

SUBTOTAL of Receipts This Page (optional).....▶	784.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FISH, LORNA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 W PICKERING BND

City RICHBORO	State PA	Zip Code 18954-1540
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2023

Transaction ID : SA11A.27053

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. FISH, LORNA, M, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 W PICKERING BND

City RICHBORO	State PA	Zip Code 18954-1540
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2023

Transaction ID : SA11A.27661

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

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

Mailing Address 15110 SE 104TH ST

City CHOCTAW	State OK	Zip Code 73020-4002
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2023

Transaction ID : SA11A.27528

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GARBER, GARY, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 SILVERWOOD CIR
 City REEDS SPRING State MO Zip Code 65737-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2023
Transaction ID : SA11A.28532
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

B. GARBER, GARY, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 416 SILVERWOOD CIR
 City REEDS SPRING State MO Zip Code 65737-9237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2023
Transaction ID : SA11A.32936
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. GATES, DELORES, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2023
Transaction ID : SA11A.27315
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GATES, DELORES, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 24 / 2023
Transaction ID : SA11A.28296
 Amount of Each Receipt this Period 65.00
 Memo Item CONTRIBUTION

B. GATES, DELORES, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 08 / 2023
Transaction ID : SA11A.29566
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. GATES, DELORES, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8231 LAKE TER
 City LAKE MILLS State WI Zip Code 53551-9723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.32444
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 59 OF 208
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 10015 STATE RD 7

City BOYNTON BEACH	State FL	Zip Code 33473-4700
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2023

Transaction ID : SA11A.28504

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. GAYLER, WILLIAM, L, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10015 STATE RD 7

City BOYNTON BEACH	State FL	Zip Code 33473-4700
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2023

Transaction ID : SA11A.29962

Amount of Each Receipt this Period
150.00

Memo Item
CONTRIBUTION

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

Mailing Address 4833 LYNNIE LN

City FALLON	State NV	Zip Code 89406-8331
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2023

Transaction ID : SA11A.34703

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GIBBS, JOHN, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 507

City HOLDENVILLE	State OK	Zip Code 74848-0507
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2023

Transaction ID : SA11A.27329

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. GIBBS, JOHN, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 507

City HOLDENVILLE	State OK	Zip Code 74848-0507
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023

Transaction ID : SA11A.28320

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. GIBBS, JOHN, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 507

City HOLDENVILLE	State OK	Zip Code 74848-0507
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2023

Transaction ID : SA11A.28321

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GIBBS, JOHN, S, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 507

City HOLDENVILLE	State OK	Zip Code 74848-0507
---------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2023
Transaction ID : SA11A.29614

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. GILBERT, ROBERT, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 BRIDLE CT

City PHENIX CITY	State AL	Zip Code 36867-5300
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2023
Transaction ID : SA11A.27677

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. GILBERT, ROBERT, F, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 BRIDLE CT

City PHENIX CITY	State AL	Zip Code 36867-5300
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : SA11A.28803

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 2120 BRIDLE CT

City PHENIX CITY	State AL	Zip Code 36867-5300
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2023

Transaction ID : SA11A.28804

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 2120 BRIDLE CT

City PHENIX CITY	State AL	Zip Code 36867-5300
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2023

Transaction ID : SA11A.30623

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 3270 BRELAND RD

City MATHISTON	State MS	Zip Code 39752-5530
-------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2023

Transaction ID : SA11A.29300

Amount of Each Receipt this Period
47.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	247.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GILLILAND, GOLA, M, ,

Mailing Address 3270 BRELAND RD

City MATHISTON	State MS	Zip Code 39752-5530
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

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

Transaction ID : SA11A.29301

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

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

Mailing Address 3270 BRELAND RD

City MATHISTON	State MS	Zip Code 39752-5530
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2023

Transaction ID : SA11A.31835

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 3270 BRELAND RD

City MATHISTON	State MS	Zip Code 39752-5530
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2023

Transaction ID : SA11A.34780

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 27 / 2023
Transaction ID : SA11A.26758
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. GODFREY, HARLAN, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1839 WOOD VALLEY DR
 City DALTON State GA Zip Code 30720-3846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.29702
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. GRIMALDI, JOHN, N, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3459 US ROUTE 9 LOT 82
 City HUDSON State NY Zip Code 12534-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2023
Transaction ID : SA11A.27146
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. GRIMALDI, JOHN, N, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3459 US ROUTE 9 LOT 82
 City HUDSON State NY Zip Code 12534-4341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2023
Transaction ID : SA11A.31434
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

B. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 28 / 2023
Transaction ID : SA11A.27797
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION

C. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 30 / 2023
Transaction ID : SA11A.27798
 Amount of Each Receipt this Period 5.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2023
Transaction ID : SA11A.31021
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2023
Transaction ID : SA11A.31022
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. GRIMM, KENNETH, GARY, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 907 17TH ST
 City VIENNA State WV Zip Code 26105-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023
Transaction ID : SA11A.33949
 Amount of Each Receipt this Period
 75.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HANSEN, JERRY, S, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13053 FELISA ST

City MORENO VALLEY	State CA	Zip Code 92553-6870
-----------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2023

Transaction ID : SA11A.27773

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

B. HARLAN, FLOYD, L, MR, USAF RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 TOLLHOUSE LN

City CLOVIS	State CA	Zip Code 93611-0549
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2023

Transaction ID : SA11A.28657

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. HARLAN, FLOYD, L, MR, USAF RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1747 TOLLHOUSE LN

City CLOVIS	State CA	Zip Code 93611-0549
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2023

Transaction ID : SA11A.30278

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HARLAN, FLOYD, L, MR, USAF RET

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

Mailing Address 1747 TOLLHOUSE LN

City CLOVIS	State CA	Zip Code 93611-0549
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2023

Transaction ID : SA11A.30279

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. HARLAN, FLOYD, L, MR, USAF RET

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

Mailing Address 1747 TOLLHOUSE LN

City CLOVIS	State CA	Zip Code 93611-0549
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2023

Transaction ID : SA11A.33221

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. HARRIS, FRANK, W, COL, USMC RET

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

Mailing Address 13009 CATON PL

City MANASSAS	State VA	Zip Code 20112-4629
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023

Transaction ID : SA11A.27063

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HARRIS, FRANK, W, COL, USMC RET

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

Mailing Address 13009 CATON PL

City MANASSAS	State VA	Zip Code 20112-4629
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2023

Transaction ID : SA11A.27678

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

B. HARRIS, FRANK, W, COL, USMC RET

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

Mailing Address 13009 CATON PL

City MANASSAS	State VA	Zip Code 20112-4629
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2023

Transaction ID : SA11A.30628

Amount of Each Receipt this Period
35.00

Memo Item CONTRIBUTION

C. HARRIS, FRANK, W, COL, USMC RET

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

Mailing Address 13009 CATON PL

City MANASSAS	State VA	Zip Code 20112-4629
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2023

Transaction ID : SA11A.30629

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HARRIS, FRANK, W, COL, USMC RET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13009 CATON PL
 City MANASSAS State VA Zip Code 20112-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 02 / 2023
Transaction ID : SA11A.33571
 Amount of Each Receipt this Period 49.00
 Memo Item CONTRIBUTION

B. HENDRICKS, MARY, B, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 413.00

Date of Receipt 03 / 24 / 2023
Transaction ID : SA11A.28206
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

C. HENDRICKS, MARY, B, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 413.00

Date of Receipt 05 / 25 / 2023
Transaction ID : SA11A.32230
 Amount of Each Receipt this Period 75.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	249.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HENDRICKS, MARY, B, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.00

Date of Receipt 06 / 29 / 2023
Transaction ID : SA11A.34306
 Amount of Each Receipt this Period 123.00
 Memo Item CONTRIBUTION

B. HENDRICKS, MARY, B, MS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5301 CREEDMOOR RD APT 305
 City RALEIGH State NC Zip Code 27612-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 413.00

Date of Receipt 06 / 02 / 2023
Transaction ID : SA11A.35263
 Amount of Each Receipt this Period 90.00
 Memo Item CONTRIBUTION

C. HERRON, KEIKO, Y, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 N ELMWOOD AVE
 City WOOD DALE State IL Zip Code 60191-1553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 09 / 2023
Transaction ID : SA11A.31607
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	413.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HERRON, KEIKO, Y, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 N ELMWOOD AVE
 City WOOD DALE State IL Zip Code 60191-1553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11A.31608
 Amount of Each Receipt this Period 125.00
 Memo Item CONTRIBUTION

B. HERRON, KEIKO, Y, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 373 N ELMWOOD AVE
 City WOOD DALE State IL Zip Code 60191-1553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.34540
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. HESLEP, DONALD, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 WALHALA DR
 City NORTH CHESTERFIELD State VA Zip Code 23236-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) BUILDER/DEVELOPER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 20 / 2023
Transaction ID : SA11A.27502
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HESLEP, DONALD, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2700 WALHALA DR

City NORTH CHESTERFIELD	State VA	Zip Code 23236-1348
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUILDER/DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11A.30083

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

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

Mailing Address 2700 WALHALA DR

City NORTH CHESTERFIELD	State VA	Zip Code 23236-1348
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUILDER/DEVELOPER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2023

Transaction ID : SA11A.33008

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. HIGHLEY-DIFIORE, JOANNE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3162

City NEW YORK	State NY	Zip Code 10185-3162
------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2023

Transaction ID : SA11A.35194

Amount of Each Receipt this Period
1000.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HILLMAN, TATNALL, LEA, CAPT, SC USNR RE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W BLEEKER ST

City ASPEN	State CO	Zip Code 81611-1228
---------------	-------------	------------------------

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

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

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
03		23		2023

Transaction ID : SA11A.28183

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

B. HOLDREN, N, JEAN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3246 GATEWAY CIR

City CHARLOTTESVLE	State VA	Zip Code 22911-7477
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2023

Transaction ID : SA11A.27871

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 72 CORTLAND CT

City WAYNESVILLE	State NC	Zip Code 28786-5822
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID : SA11A.29069

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 208		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HUANG, JOSEPH, C H, MR,			Date of Receipt MM / DD / YYYY 01 / 26 / 2023		
Mailing Address 15 SANDALWOOD DR			Transaction ID : SA11A.26815		
City PARSIPPANY	State NJ	Zip Code 07054-1621	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 386.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HUANG, JOSEPH, C H, MR,			Date of Receipt MM / DD / YYYY 03 / 14 / 2023		
Mailing Address 15 SANDALWOOD DR			Transaction ID : SA11A.27680		
City PARSIPPANY	State NJ	Zip Code 07054-1621	Amount of Each Receipt this Period 45.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 386.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HUANG, JOSEPH, C H, MR,			Date of Receipt MM / DD / YYYY 03 / 22 / 2023		
Mailing Address 15 SANDALWOOD DR			Transaction ID : SA11A.27681		
City PARSIPPANY	State NJ	Zip Code 07054-1621	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item CONTRIBUTION		
Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS		Occupation (for Individual) INFORMATION REQUESTED PER BE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 386.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUANG, JOSEPH, C H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2023

Transaction ID : SA11A.27682

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. HUANG, JOSEPH, C H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2023

Transaction ID : SA11A.28810

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

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

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
386.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2023

Transaction ID : SA11A.30638

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	169.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUANG, JOSEPH, C H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SANDALWOOD DR

City PARSIPPANY	State NJ	Zip Code 07054-1621
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
386.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2023

Transaction ID : SA11A.30639

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

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

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

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

Transaction ID : SA11A.28790

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

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

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11A.30595

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	127.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUME, ROBERT, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

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

Transaction ID : SA11A.33541

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 2279 SEGARINI WAY

City STOCKTON	State CA	Zip Code 95209-2330
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

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

Transaction ID : SA11A.33542

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. HUTH, STEVE, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 556 PEBBLE WAY

City GREENWOOD	State IN	Zip Code 46142-9757
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMP.	Occupation (for Individual) FLORIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2023

Transaction ID : SA11A.30936

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HUTH, STEVE, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 556 PEBBLE WAY

City GREENWOOD	State IN	Zip Code 46142-9757
-------------------	-------------	------------------------

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

Name of Employer (for Individual) SELF EMP.	Occupation (for Individual) FLORIST
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.00

Date of Receipt

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

Transaction ID : SA11A.33868

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

B. JACKSON, ALBERT, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1859

City BANDON	State OR	Zip Code 97411-1859
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.32662

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. JOHNSON, BRYAN, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4310 HILLVIEW LN

City SAINT PAUL	State MN	Zip Code 55127-6136
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INNOVATIVE TOOLS	Occupation (for Individual) TOOL DESIGNER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID : SA11A.26920

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	648.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 80 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, BRYAN, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4310 HILLVIEW LN

City SAINT PAUL	State MN	Zip Code 55127-6136
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INNOVATIVE TOOLS	Occupation (for Individual) TOOL DESIGNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2023

Transaction ID : SA11A.29644

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

B. JOHNSON, BRYAN, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4310 HILLVIEW LN

City SAINT PAUL	State MN	Zip Code 55127-6136
--------------------	-------------	------------------------

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

Name of Employer (for Individual) INNOVATIVE TOOLS	Occupation (for Individual) TOOL DESIGNER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2023

Transaction ID : SA11A.32529

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

C. JOHNSON, JEFFREY, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 530

City EGG HARBOR	State WI	Zip Code 54209-0530
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID : SA11A.27299

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2023
Transaction ID : SA11A.27300
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 05 / 2023
Transaction ID : SA11A.28286
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

C. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2023
Transaction ID : SA11A.29538
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSON, JEFFREY, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 530
 City EGG HARBOR State WI Zip Code 54209-0530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2023
Transaction ID : SA11A.29539
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. JOHNSTON, SANDRA, FAY, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 292 S BARRON ST
 City RUSK State TX Zip Code 75785-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 30 / 2023
Transaction ID : SA11A.28105
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. JOHNSTON, SANDRA, FAY, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 292 S BARRON ST
 City RUSK State TX Zip Code 75785-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 26 / 2023
Transaction ID : SA11A.31953
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 208		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. JOHNSTON, SANDRA, FAY, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 292 S BARRON ST
 City RUSK State TX Zip Code 75785-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 07 / 2023
Transaction ID : SA11A.34917
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. JONES, MARTHA, L, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 MCWHORTER CIR
 City BREMEN State GA Zip Code 30110-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2023
Transaction ID : SA11A.28963
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. KIRK, MAHLON, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SADDLE RDG
 City PORTAGE State WI Zip Code 53901-9772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11A.26816
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KIRK, MAHLON, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SADDLE RDG
 City PORTAGE State WI Zip Code 53901-9772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : SA11A.28825
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. KIRK, MAHLON, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SADDLE RDG
 City PORTAGE State WI Zip Code 53901-9772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2023
Transaction ID : SA11A.30684
 Amount of Each Receipt this Period
 150.00
 Memo Item
 CONTRIBUTION

C. KIRK, MAHLON, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 SADDLE RDG
 City PORTAGE State WI Zip Code 53901-9772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2023
Transaction ID : SA11A.30685
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. KREITER, TIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3889 WENTWORTH PL
 City LEXINGTON State KY Zip Code 40515-6486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2023
Transaction ID : SA11A.27257
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

B. LAMPE, STEPHEN, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1436 LAUREL DR
 City SEWICKLEY State PA Zip Code 15143-8599
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023
Transaction ID : SA11A.33445
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

C. LAMPMAN, DONALD, E, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9126 SAN DIEGO RD
 City ATASCADERO State CA Zip Code 93422-5704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 06 / 2023
Transaction ID : SA11A.32436
 Amount of Each Receipt this Period
 250.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. LANGNER, CARL, G, MR, PHD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1674 MONARCH CIR
 City LOVELAND State CO Zip Code 80538-7089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2023
Transaction ID : SA11A.33081
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. LEONICK, MARINA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 954 LORIMER ST
 City BROOKLYN State NY Zip Code 11222-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt 02 / 15 / 2023
Transaction ID : SA11A.26995
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. LEONICK, MARINA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 954 LORIMER ST
 City BROOKLYN State NY Zip Code 11222-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt 03 / 28 / 2023
Transaction ID : SA11A.27529
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LEONICK, MARINA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 954 LORIMER ST
 City BROOKLYN State NY Zip Code 11222-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt 05 / 04 / 2023
Transaction ID : SA11A.30131
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. LEONICK, MARINA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 954 LORIMER ST
 City BROOKLYN State NY Zip Code 11222-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt 05 / 17 / 2023
Transaction ID : SA11A.30132
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

C. LEONICK, MARINA, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 954 LORIMER ST
 City BROOKLYN State NY Zip Code 11222-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt 05 / 17 / 2023
Transaction ID : SA11A.30133
 Amount of Each Receipt this Period 74.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	221.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2023

Transaction ID : SA11A.26928

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

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

Transaction ID : SA11A.27352

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

C. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
373.00

Date of Receipt

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

Transaction ID : SA11A.27353

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	115.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2023

Transaction ID : SA11A.28361

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

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

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2023

Transaction ID : SA11A.28362

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
373.00

Date of Receipt

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

Transaction ID : SA11A.28363

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	137.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2023

Transaction ID : SA11A.29674

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

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

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2023

Transaction ID : SA11A.29675

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

C. LINDELL, MARIAN, B, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 CIRCLE LN SE APT 215

City LACEY	State WA	Zip Code 98503-2566
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
373.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2023

Transaction ID : SA11A.32561

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	121.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LINN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3714 LACOSTA DR

City RAPID CITY	State SD	Zip Code 57703-6926
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.35261

Amount of Each Receipt this Period
500.00

Memo Item CONTRIBUTION

B. LOGASA, MARY, M, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

City PRESCOTT	State AZ	Zip Code 86301-6019
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2023

Transaction ID : SA11A.27150

Amount of Each Receipt this Period
75.00

Memo Item CONTRIBUTION

C. LOGASA, MARY, M, MRS, TTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

City PRESCOTT	State AZ	Zip Code 86301-6019
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2023

Transaction ID : SA11A.29154

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LOGASA, MARY, M, MRS, TTEE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3180 TOUCHMARK BLVD UNIT 319

City PRESCOTT	State AZ	Zip Code 86301-6019
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID : SA11A.34395

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

B. LUKOWSKI, JAN, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 S 400 W

City MOROCCO	State IN	Zip Code 47963-8280
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2023

Transaction ID : SA11A.27131

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. LUKOWSKI, JAN, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 S 400 W

City MOROCCO	State IN	Zip Code 47963-8280
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2023

Transaction ID : SA11A.27881

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LUKOWSKI, JAN, A, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 S 400 W

City MOROCCO	State IN	Zip Code 47963-8280
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

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

Transaction ID : SA11A.31323

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 57 TENNIS CLUB DR

City RANCHO MIRAGE	State CA	Zip Code 92270-2572
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

Transaction ID : SA11A.27422

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 57 TENNIS CLUB DR

City RANCHO MIRAGE	State CA	Zip Code 92270-2572
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
298.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2023

Transaction ID : SA11A.32733

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	548.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MARTIN, FRED, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9148 N 115TH WAY

City SCOTTSDALE	State AZ	Zip Code 85259-5926
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2023

Transaction ID : SA11A.34689

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

B. MARTIN, MIKE, T, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8497 BETHEL RD

City GAINESVILLE	State GA	Zip Code 30506-3957
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2023

Transaction ID : SA11A.33835

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 1703 OPEN HEARTH RD

City DOWNTOWN	State PA	Zip Code 19335-1487
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt
MM / DD / YYYY
01 / 27 / 2023

Transaction ID : SA11A.26856

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MCCARRAHER, ALESSANDRA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 OPEN HEARTH RD
 City DOWNINGTOWN State PA Zip Code 19335-1487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **02 / 13 / 2023**
Transaction ID : SA11A.27186
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. MCCARRAHER, ALESSANDRA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 OPEN HEARTH RD
 City DOWNINGTOWN State PA Zip Code 19335-1487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **03 / 07 / 2023**
Transaction ID : SA11A.28000
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. MCCARRAHER, ALESSANDRA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1703 OPEN HEARTH RD
 City DOWNINGTOWN State PA Zip Code 19335-1487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **03 / 16 / 2023**
Transaction ID : SA11A.28001
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 1703 OPEN HEARTH RD

City DOWNTOWN	State PA	Zip Code 19335-1487
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2023

Transaction ID : SA11A.28002

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

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

Mailing Address 1703 OPEN HEARTH RD

City DOWNTOWN	State PA	Zip Code 19335-1487
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11A.31633

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

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

Mailing Address 3 STONEGATE CT

City BROWNWOOD	State TX	Zip Code 76801-7822
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.00

Date of Receipt

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

Transaction ID : SA11A.27271

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 3 STONEGATE CT

City BROWNWOOD	State TX	Zip Code 76801-7822
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023

Transaction ID : SA11A.28248

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 3 STONEGATE CT

City BROWNWOOD	State TX	Zip Code 76801-7822
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.32351

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

C. MCCULLEY, WALTER, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 193

City CULLOM	State IL	Zip Code 60929-0193
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2023

Transaction ID : SA11A.28231

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	299.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCCULLEY, WALTER, D, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 193
 City CULLOM State IL Zip Code 60929-0193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA11A.29431
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. MCFARLAND, JAMES, WILLIAM, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 SNOWS MILL AVE
 City TUSCALOOSA State AL Zip Code 35406-2011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SMITHMACK LLC Occupation (for Individual) FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 14 / 2023
Transaction ID : SA11A.27854
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. MCGILL, LELAND, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4245 E 46TH AVE
 City DENVER State CO Zip Code 80216-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.32739
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MCKOWN, JERALD, W, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2229 W LAWSON RD
 City ALEXANDER State AR Zip Code 72002-8782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11A.29939
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. MELVIN, PATRICIA, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 N MIDDLETON DR NW
 City CALABASH State NC Zip Code 28467-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11A.29983
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

C. MELVIN, PATRICIA, J, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1328 N MIDDLETON DR NW
 City CALABASH State NC Zip Code 28467-2127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.32906
 Amount of Each Receipt this Period 247.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	997.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MILES, DIANNE, E, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2661 TALLANT RD APT C898

City SANTA BARBARA	State CA	Zip Code 93105-4839
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2023

Transaction ID : SA11A.28334

Amount of Each Receipt this Period
75.00

Memo Item
CONTRIBUTION

B. MILES, DIANNE, E, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2661 TALLANT RD APT C898

City SANTA BARBARA	State CA	Zip Code 93105-4839
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2023

Transaction ID : SA11A.32515

Amount of Each Receipt this Period
148.00

Memo Item
CONTRIBUTION

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

Mailing Address 12862 LAKESHORE DR

City GRAND HAVEN	State MI	Zip Code 49417-9650
---------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.27211

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	273.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 101 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 12862 LAKESHORE DR

City GRAND HAVEN	State MI	Zip Code 49417-9650
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.29295

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 12862 LAKESHORE DR

City GRAND HAVEN	State MI	Zip Code 49417-9650
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2023

Transaction ID : SA11A.31827

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. MORRISON, DOROTHY, OQUINN, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 MORRISON RD

City LILLINGTON	State NC	Zip Code 27546-8884
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2023

Transaction ID : SA11A.27596

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MORRISON, DOROTHY, QUINN, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 MORRISON RD
 City LILLINGTON State NC Zip Code 27546-8884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **06 / 26 / 2023**
Transaction ID : SA11A.33301
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **03 / 13 / 2023**
Transaction ID : SA11A.28053
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt **03 / 27 / 2023**
Transaction ID : SA11A.28054
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2023
Transaction ID : SA11A.31797
 Amount of Each Receipt this Period
 45.00
 Memo Item
 CONTRIBUTION

B. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2023
Transaction ID : SA11A.31798
 Amount of Each Receipt this Period
 44.00
 Memo Item
 CONTRIBUTION

C. MOSLEY, MICHAEL, K, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 25
 City LOS ALAMOS State CA Zip Code 93440-0025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) RETIRED CARPENTER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 223.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023
Transaction ID : SA11A.34740
 Amount of Each Receipt this Period
 44.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	133.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MULLINS, GARMON, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DOLLYS HOUSE LN
 City CLINCHCO State VA Zip Code 24226-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 31 / 2023
Transaction ID : SA11A.26756
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. MULLINS, GARMON, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DOLLYS HOUSE LN
 City CLINCHCO State VA Zip Code 24226-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 13 / 2023
Transaction ID : SA11A.27362
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. MULLINS, GARMON, B, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 207 DOLLYS HOUSE LN
 City CLINCHCO State VA Zip Code 24226-8781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 13 / 2023
Transaction ID : SA11A.28372
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. MULLINS, GARMON, B, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 DOLLYS HOUSE LN

City CLINCHCO	State VA	Zip Code 24226-8781
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID : SA11A.28373

Amount of Each Receipt this Period
90.00

Memo Item CONTRIBUTION

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

Mailing Address 207 DOLLYS HOUSE LN

City CLINCHCO	State VA	Zip Code 24226-8781
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2023

Transaction ID : SA11A.29692

Amount of Each Receipt this Period
30.00

Memo Item CONTRIBUTION

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

Mailing Address 64A KENNEDY DR

City WHITING	State NJ	Zip Code 08759-3588
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2023

Transaction ID : SA11A.28015

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ORLOFF, DAVID, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64A KENNEDY DR
 City WHITING State NJ Zip Code 08759-3588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 22 / 2023
Transaction ID : SA11A.31666
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

B. OVERLEY, GEOFFREY, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 526 W MAIN ST
 City MASON State OH Zip Code 45040-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.33841
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. PALLEN, GILBERT, T, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 WATER FRONT RD
 City GREENSBORO State GA Zip Code 30642-3279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.32414
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PAYNE, CLAUDIA, K, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4400 EAGLE NEST RD

City REDDING	State CA	Zip Code 96003-1927
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.33906

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 9 ALTADENA DR

City PUEBLO	State CO	Zip Code 81005-2963
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2023

Transaction ID : SA11A.27516

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 9 ALTADENA DR

City PUEBLO	State CO	Zip Code 81005-2963
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.00

Date of Receipt

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

Transaction ID : SA11A.28568

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 9 ALTADENA DR

City PUEBLO	State CO	Zip Code 81005-2963
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2023

Transaction ID : SA11A.33041

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

B. PETRONE, AUGUSTA, H, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1037

City DUBLIN	State NH	Zip Code 03444-1037
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2023

Transaction ID : SA11A.30056

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.00

Date of Receipt

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

Transaction ID : SA11A.27202

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	649.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 109 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2023

Transaction ID : SA11A.27203

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2023

Transaction ID : SA11A.28035

Amount of Each Receipt this Period
20.00

Memo Item
CONTRIBUTION

C. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2023

Transaction ID : SA11A.29253

Amount of Each Receipt this Period
10.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2023

Transaction ID : SA11A.31734

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

B. PILGER, ERIC, CHRISTIAN, MR, USN RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14492 OAKGLEN DR

City LARGO	State FL	Zip Code 33774-5028
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2023

Transaction ID : SA11A.34673

Amount of Each Receipt this Period
49.00

Memo Item
CONTRIBUTION

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

Mailing Address 52744 E HIGHWAY 60 SPC 73

City MIAMI	State AZ	Zip Code 85539-7707
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2023

Transaction ID : SA11A.28089

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	348.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PORTER, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 245
 City VINA State CA Zip Code 96092-0245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 06 / 2023
Transaction ID : SA11A.34247
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

B. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 03 / 27 / 2023
Transaction ID : SA11A.27706
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 535.00

Date of Receipt 04 / 03 / 2023
Transaction ID : SA11A.28836
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA11A.28837
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11A.30710
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 05 / 23 / 2023
Transaction ID : SA11A.30711
 Amount of Each Receipt this Period 35.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. PRESTIEN, BRUCE, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7936 HAPUNA PL
 City DIAMONDHEAD State MS Zip Code 39525-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.33640
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. PRESTON, DAVID, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 BETTY BRUCE RD
 City ROSALIA State WA Zip Code 99170-8634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 14 / 2023
Transaction ID : SA11A.27062
 Amount of Each Receipt this Period 300.00
 Memo Item CONTRIBUTION

C. PRESTON, DAVID, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 BETTY BRUCE RD
 City ROSALIA State WA Zip Code 99170-8634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 04 / 21 / 2023
Transaction ID : SA11A.28801
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REEDY, MARY, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 WOODSIDE DR
 City CHILHOWIE State VA Zip Code 24319-5896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11A.27477
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. REEDY, MARY, A, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 WOODSIDE DR
 City CHILHOWIE State VA Zip Code 24319-5896
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 06 / 2023**
Transaction ID : SA11A.32938
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. REES, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 40
 City ELK State WA Zip Code 99009-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : SA11A.28224
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 115 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REES, BEVERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 40
 City ELK State WA Zip Code 99009-0040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2023
Transaction ID : SA11A.32243
 Amount of Each Receipt this Period
 200.00
 Memo Item
 CONTRIBUTION

B. REIF, ELIZABETH, M, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 919 DE LEON DR
 City EL PASO State TX Zip Code 79912-4948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2023
Transaction ID : SA11A.27981
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

C. REINHARD, DONALD, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 HARVARD AVE
 City PALMERTON State PA Zip Code 18071-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 PENCOR EXECUTIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2023
Transaction ID : SA11A.27268
 Amount of Each Receipt this Period
 300.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. REINHARD, DONALD, G, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 HARVARD AVE

City PALMERTON	State PA	Zip Code 18071-1212
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2023
Transaction ID : SA11A.29458

Amount of Each Receipt this Period
300.00

Memo Item CONTRIBUTION

B. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD

City ASHEVILLE	State NC	Zip Code 28806-9655
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2023
Transaction ID : SA11A.27059

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

C. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD

City ASHEVILLE	State NC	Zip Code 28806-9655
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2023
Transaction ID : SA11A.27671

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	345.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2023
Transaction ID : SA11A.27672
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION

B. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2023
Transaction ID : SA11A.28792
 Amount of Each Receipt this Period 15.00
 Memo Item
 CONTRIBUTION

C. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2023
Transaction ID : SA11A.28793
 Amount of Each Receipt this Period 20.00
 Memo Item
 CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 04 / 28 / 2023
Transaction ID : SA11A.28794
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 05 / 12 / 2023
Transaction ID : SA11A.30601
 Amount of Each Receipt this Period 24.00
 Memo Item CONTRIBUTION

C. ROGERS, JEAN, N, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 SMITH GRAVEYARD RD
 City ASHEVILLE State NC Zip Code 28806-9655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 05 / 24 / 2023
Transaction ID : SA11A.30602
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	74.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROGERS, JEAN, N, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SMITH GRAVEYARD RD

City ASHEVILLE	State NC	Zip Code 28806-9655
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2023

Transaction ID : SA11A.33553

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

B. ROGERS, JEAN, N, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SMITH GRAVEYARD RD

City ASHEVILLE	State NC	Zip Code 28806-9655
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
217.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2023

Transaction ID : SA11A.33554

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

C. ROOD, JOHN, W, MR, CPA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1384 STONEHOLLOW DR # 1

City KINGWOOD	State TX	Zip Code 77339-2031
------------------	-------------	------------------------

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

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) CPA/CFP
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID : SA11A.33097

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	548.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ROOD, JOHN, W, MR, CPA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1384 STONEHOLLOW DR # 1
 City KINGWOOD State TX Zip Code 77339-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) CPA/CFP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 26 / 2023**
Transaction ID : SA11A.33098
 Amount of Each Receipt this Period 500.00
 Memo Item CONTRIBUTION

B. RUST, JACK, W, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 979 WALKER CREEK RD
 City ENNIS State TX Zip Code 75119-5313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **06 / 06 / 2023**
Transaction ID : SA11A.32833
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION

C. RUST, JACK, W, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 979 WALKER CREEK RD
 City ENNIS State TX Zip Code 75119-5313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **06 / 06 / 2023**
Transaction ID : SA11A.32834
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. RUST, JACK, W, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 979 WALKER CREEK RD

City ENNIS	State TX	Zip Code 75119-5313
---------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
450.00

Date of Receipt
06 / 09 / 2023
Transaction ID : SA11A.32835

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 200 DEER RUN

City BURLINGTON	State CT	Zip Code 06013-1837
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 20 / 2023
Transaction ID : SA11A.34768

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. SAMPLE, WILLIAM, S, MR, WWII
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4426 GLENOAKS CT

City WARREN	State MI	Zip Code 48092-4196
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
03 / 30 / 2023
Transaction ID : SA11A.27599

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 122 OF 208
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SAMPLE, WILLIAM, S, MR, WWII
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4426 GLENOAKS CT

City WARREN	State MI	Zip Code 48092-4196
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023

Transaction ID : SA11A.28691

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

B. SAMPLE, WILLIAM, S, MR, WWII
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4426 GLENOAKS CT

City WARREN	State MI	Zip Code 48092-4196
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2023

Transaction ID : SA11A.30360

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

C. SAMPLE, WILLIAM, S, MR, WWII
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4426 GLENOAKS CT

City WARREN	State MI	Zip Code 48092-4196
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2023

Transaction ID : SA11A.33308

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SAMPLE, WILLIAM, S, MR, WWII
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4426 GLENOAKS CT
 City WARREN State MI Zip Code 48092-4196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 09 / 2023
Transaction ID : SA11A.33309
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. SAMPLE, WILLIAM, S, MR, WWII
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4426 GLENOAKS CT
 City WARREN State MI Zip Code 48092-4196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.33310
 Amount of Each Receipt this Period 150.00
 Memo Item CONTRIBUTION

C. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JE VAN ZANDT VA MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 04 / 2023
Transaction ID : SA11A.29017
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JE VAN ZANDT VA MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA11A.29018
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JE VAN ZANDT VA MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11A.31139
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

C. SCHALL, JAMES, E, MR, M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 MIFFLIN ST
 City HUNTINGDON State PA Zip Code 16652-1535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JE VAN ZANDT VA MEDICAL CENTER Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 01 / 2023
Transaction ID : SA11A.34062
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 208		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCHWARTZ, CRAIG, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13353 W HUMMINGBIRD TER

City PEORIA	State AZ	Zip Code 85383-4132
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

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

Transaction ID : SA11A.35054

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. SCOTT, DOROTHY, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5105 SEABREEZE WAY

City OXNARD	State CA	Zip Code 93035-1054
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2023

Transaction ID : SA11A.26906

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. SCOTT, DOROTHY, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5105 SEABREEZE WAY

City OXNARD	State CA	Zip Code 93035-1054
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2023

Transaction ID : SA11A.28305

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SCOTT, DOROTHY, R, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5105 SEABREEZE WAY
 City OXNARD State CA Zip Code 93035-1054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2023
Transaction ID : SA11A.28306
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. SEVENER, WALTER, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 MIDDLESEX AVE
 City WILMINGTON State MA Zip Code 01887-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 29 / 2023
Transaction ID : SA11A.27673
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. SEVENER, WALTER, J, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 395 MIDDLESEX AVE
 City WILMINGTON State MA Zip Code 01887-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA11A.28798
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 395 MIDDLESEX AVE

City WILMINGTON	State MA	Zip Code 01887-2147
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID : SA11A.30613

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SHANDLE, GEORGE, H, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2023

Transaction ID : SA11A.26925

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

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

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : SA11A.28349

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHANDLE, GEORGE, H, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11A.29661

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

B. SHANDLE, GEORGE, H, MR, JR
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1303 LUNDY LN

City BEL AIR	State MD	Zip Code 21015-6354
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2023

Transaction ID : SA11A.32544

Amount of Each Receipt this Period
99.00

Memo Item
CONTRIBUTION

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

Mailing Address 7129 OLD LOGAN RD

City SUGAR GROVE	State OH	Zip Code 43155-9702
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2023

Transaction ID : SA11A.27735

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	249.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHARP, ROBERT, E, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7129 OLD LOGAN RD

City SUGAR GROVE State OH Zip Code 43155-9702

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 04 / 2023
Transaction ID : SA11A.30809

Amount of Each Receipt this Period 200.00

Memo Item CONTRIBUTION

B. SHOEMAKER, MARY, W, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4898 HIGHMARKET ST

City GEORGETOWN State SC Zip Code 29440-9758

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2023
Transaction ID : SA11A.29058

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

C. SHOEMAKER, MARY, W, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4898 HIGHMARKET ST

City GEORGETOWN State SC Zip Code 29440-9758

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

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

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 26 / 2023
Transaction ID : SA11A.31247

Amount of Each Receipt this Period 100.00

Memo Item CONTRIBUTION

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SHOEMAKER, MARY, W, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4898 HIGHMARKET ST
 City GEORGETOWN State SC Zip Code 29440-9758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023
Transaction ID : SA11A.34163
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. SIMONS, PEGGY, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 E SHORELINE DR
 City NORTH AUGUSTA State SC Zip Code 29841-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2023
Transaction ID : SA11A.26780
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

C. SIMONS, PEGGY, E, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 E SHORELINE DR
 City NORTH AUGUSTA State SC Zip Code 29841-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2023
Transaction ID : SA11A.26993
 Amount of Each Receipt this Period
 50.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SIMONS, PEGGY, E, MS,

Mailing Address 362 E SHORELINE DR

City NORTH AUGUSTA State SC Zip Code 29841-5409

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
03 / 15 / 2023

Transaction ID : SA11A.27524

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SIMONS, PEGGY, E, MS,

Mailing Address 362 E SHORELINE DR

City NORTH AUGUSTA State SC Zip Code 29841-5409

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **250.00**

Date of Receipt
04 / 07 / 2023

Transaction ID : SA11A.28576

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SIMONS, PEGGY, E, MS,

Mailing Address 362 E SHORELINE DR

City NORTH AUGUSTA State SC Zip Code 29841-5409

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) **250.00**

Date of Receipt
04 / 14 / 2023

Transaction ID : SA11A.28577

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, JACK, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 BOUNDARY LN

City OTTERVILLE	State MO	Zip Code 65348-2420
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2023

Transaction ID : SA11A.26772

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

B. SMITH, JACK, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 BOUNDARY LN

City OTTERVILLE	State MO	Zip Code 65348-2420
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023

Transaction ID : SA11A.28546

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. SMITH, JACK, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 BOUNDARY LN

City OTTERVILLE	State MO	Zip Code 65348-2420
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
748.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2023

Transaction ID : SA11A.28547

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SMITH, JACK, D, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 177 BOUNDARY LN

City OTTERVILLE	State MO	Zip Code 65348-2420
--------------------	-------------	------------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
748.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11A.32976

Amount of Each Receipt this Period
198.00

Memo Item
CONTRIBUTION

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

Mailing Address 6937 52ND AVE

City MASPETH	State NY	Zip Code 11378-1438
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2023

Transaction ID : SA11A.26977

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address 6937 52ND AVE

City MASPETH	State NY	Zip Code 11378-1438
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
221.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2023

Transaction ID : SA11A.27474

Amount of Each Receipt this Period
30.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	253.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 05 / 04 / 2023
Transaction ID : SA11A.30000
 Amount of Each Receipt this Period 25.00
 Memo Item CONTRIBUTION

B. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 15 / 2023
Transaction ID : SA11A.32925
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

C. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE
 City MASPETH State NY Zip Code 11378-1438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.32926
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	119.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. SONOWSKI, DAVID, C, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6937 52ND AVE

City MASPETH	State NY	Zip Code 11378-1438
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.32927

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

B. ST LAURENT, ELEANOR, C, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5115 DUBOIS DR

City VANCOUVER	State WA	Zip Code 98661-6614
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2023

Transaction ID : SA11A.30411

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

C. STANISLAO, JOSEPH, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 PARK PLAZA RD

City BOZEMAN	State MT	Zip Code 59715-9343
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023

Transaction ID : SA11A.28892

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	797.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 8 PARK PLAZA RD

City BOZEMAN	State MT	Zip Code 59715-9343
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2023

Transaction ID : SA11A.30843

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. STAPLETON, SAMUEL, L, COL, USA RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9511 CREEKVIEW DR UNIT AL108

City BATON ROUGE	State LA	Zip Code 70836-6459
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2023

Transaction ID : SA11A.28147

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address 9341 NE BROADWAY

City PORTLAND	State OR	Zip Code 97220-4369
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

Transaction ID : SA11A.27869

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	385.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 9341 NE BROADWAY

City PORTLAND	State OR	Zip Code 97220-4369
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2023

Transaction ID : SA11A.31288

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

B. STILWELL, LEONARD, L, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9341 NE BROADWAY

City PORTLAND	State OR	Zip Code 97220-4369
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2023

Transaction ID : SA11A.31289

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

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

Mailing Address 9341 NE BROADWAY

City PORTLAND	State OR	Zip Code 97220-4369
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.34214

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 138 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

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

Transaction ID : SA11A.28934

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

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

Transaction ID : SA11A.28935

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 293 HAVERHILL ST

City READING	State MA	Zip Code 01867-1809
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2023

Transaction ID : SA11A.28936

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STINSON, BRENDA, A, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 293 HAVERHILL ST
 City READING State MA Zip Code 01867-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 07 / 2023
Transaction ID : SA11A.33916
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. STUBBS, CHARLES, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11593 W DEODAR ST
 City CRYSTAL RIVER State FL Zip Code 34428-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 01 / 30 / 2023
Transaction ID : SA11A.26851
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

C. STUBBS, CHARLES, A, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11593 W DEODAR ST
 City CRYSTAL RIVER State FL Zip Code 34428-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.00

Date of Receipt 03 / 09 / 2023
Transaction ID : SA11A.27963
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	295.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. STUBBS, CHARLES, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11593 W DEODAR ST

City CRYSTAL RIVER	State FL	Zip Code 34428-9173
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2023

Transaction ID : SA11A.27964

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

B. STUBBS, CHARLES, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11593 W DEODAR ST

City CRYSTAL RIVER	State FL	Zip Code 34428-9173
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2023

Transaction ID : SA11A.27965

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

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

Mailing Address 11593 W DEODAR ST

City CRYSTAL RIVER	State FL	Zip Code 34428-9173
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2023

Transaction ID : SA11A.29179

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 141 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STUBBS, CHARLES, A, MR,

Mailing Address 11593 W DEODAR ST

City CRYSTAL RIVER	State FL	Zip Code 34428-9173
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
277.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2023

Transaction ID : SA11A.31526

Amount of Each Receipt this Period
47.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. THERIAULT, LUCIEN, J, MR, WWII VET

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2023

Transaction ID : SA11A.26770

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. THERIAULT, LUCIEN, J, MR, WWII VET

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
565.00

Date of Receipt

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

Transaction ID : SA11A.28535

Amount of Each Receipt this Period
45.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	192.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. THERIAULT, LUCIEN, J, MR, WWII VET

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

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2023

Transaction ID : SA11A.30012

Amount of Each Receipt this Period
200.00

Memo Item CONTRIBUTION

B. THERIAULT, LUCIEN, J, MR, WWII VET

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

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2023

Transaction ID : SA11A.30013

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

C. THERIAULT, LUCIEN, J, MR, WWII VET

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

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2023

Transaction ID : SA11A.30014

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. THERIAULT, LUCIEN, J, MR, WWII VET
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 165 THIRD AVE

City FORT KENT	State ME	Zip Code 04743-1043
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 26 / 2023

Transaction ID : SA11A.30015

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

B. TOM, BILLIE, W, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2023

Transaction ID : SA11A.26759

Amount of Each Receipt this Period
5.00

Memo Item CONTRIBUTION

C. TOM, BILLIE, W, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2023

Transaction ID : SA11A.26937

Amount of Each Receipt this Period
7.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	32.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TOM, BILLIE, W, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 PLYMOUTH ST
 City CENTEREACH State NY Zip Code 11720-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **03 / 15 / 2023**
Transaction ID : SA11A.27383
 Amount of Each Receipt this Period 7.00
 Memo Item CONTRIBUTION

B. TOM, BILLIE, W, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 PLYMOUTH ST
 City CENTEREACH State NY Zip Code 11720-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 06 / 2023**
Transaction ID : SA11A.28394
 Amount of Each Receipt this Period 27.00
 Memo Item CONTRIBUTION

C. TOM, BILLIE, W, MISS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 PLYMOUTH ST
 City CENTEREACH State NY Zip Code 11720-4212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 19 / 2023**
Transaction ID : SA11A.28395
 Amount of Each Receipt this Period 27.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	61.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. TOM, BILLIE, W, MISS,		Date of Receipt
Mailing Address 30 PLYMOUTH ST		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2023"/>
City CENTEREACH	State NY	Zip Code 11720-4212
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.28396
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="27.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TOM, BILLIE, W, MISS,		Date of Receipt
Mailing Address 30 PLYMOUTH ST		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2023"/>
City CENTEREACH	State NY	Zip Code 11720-4212
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.29739
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="7.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. TOM, BILLIE, W, MISS,		Date of Receipt
Mailing Address 30 PLYMOUTH ST		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2023"/>
City CENTEREACH	State NY	Zip Code 11720-4212
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11A.29740
Name of Employer (for Individual) RETIRED		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="54.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TOM, BILLIE, W, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2023

Transaction ID : SA11A.29741

Amount of Each Receipt this Period
27.00

Memo Item
CONTRIBUTION

B. TOM, BILLIE, W, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID : SA11A.32625

Amount of Each Receipt this Period
24.00

Memo Item
CONTRIBUTION

C. TOM, BILLIE, W, MISS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 PLYMOUTH ST

City CENTEREACH	State NY	Zip Code 11720-4212
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID : SA11A.32626

Amount of Each Receipt this Period
47.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	98.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 02 / 17 / 2023
Transaction ID : SA11A.26966
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 03 / 15 / 2023
Transaction ID : SA11A.27439
 Amount of Each Receipt this Period 45.00
 Memo Item CONTRIBUTION

C. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 04 / 18 / 2023
Transaction ID : SA11A.28472
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 04 / 26 / 2023
Transaction ID : SA11A.28473
 Amount of Each Receipt this Period 200.00
 Memo Item CONTRIBUTION

B. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 05 / 15 / 2023
Transaction ID : SA11A.29920
 Amount of Each Receipt this Period 47.00
 Memo Item CONTRIBUTION

C. TWEEDY, PATTY, L, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2064 WILLOWDALE DR
 City STOW State OH Zip Code 44224-1838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 887.00

Date of Receipt 05 / 16 / 2023
Transaction ID : SA11A.29921
 Amount of Each Receipt this Period 40.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	287.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 2064 WILLOWDALE DR

City STOW	State OH	Zip Code 44224-1838
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
887.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2023

Transaction ID : SA11A.29922

Amount of Each Receipt this Period
887.00

Memo Item
CONTRIBUTION

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

Mailing Address 2064 WILLOWDALE DR

City STOW	State OH	Zip Code 44224-1838
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
887.00

Date of Receipt

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

Transaction ID : SA11A.32818

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 2064 WILLOWDALE DR

City STOW	State OH	Zip Code 44224-1838
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
887.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

Transaction ID : SA11A.32819

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. URBINA, ALBERT, G, MR, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2023

Transaction ID : SA11A.27084

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

B. URBINA, ALBERT, G, MR, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2023

Transaction ID : SA11A.28920

Amount of Each Receipt this Period
25.00

Memo Item CONTRIBUTION

C. URBINA, ALBERT, G, MR, RET
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2023

Transaction ID : SA11A.30934

Amount of Each Receipt this Period
50.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. URBINA, ALBERT, G, MR, RET

Mailing Address 17238 BOCA CLUB BLVD APT 103

City BOCA RATON	State FL	Zip Code 33487-1090
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2023

Transaction ID : SA11A.30935

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VAUGHN, THERESE, H, MRS,

Mailing Address 2010 WOODHAVEN LN

City DULUTH	State MN	Zip Code 55803-2447
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2023

Transaction ID : SA11A.28456

Amount of Each Receipt this Period
75.00

Memo Item CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. VAUGHN, THERESE, H, MRS,

Mailing Address 2010 WOODHAVEN LN

City DULUTH	State MN	Zip Code 55803-2447
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2023

Transaction ID : SA11A.29881

Amount of Each Receipt this Period
75.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. VAUGHN, THERESE, H, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 WOODHAVEN LN
 City DULUTH State MN Zip Code 55803-2447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2023
Transaction ID : SA11A.32776
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

B. WAGNER, LEO, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 LANTERN LIGHT WAY
 City MANASQUAN State NJ Zip Code 08736-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 07 / 2023
Transaction ID : SA11A.26949
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. WAGNER, LEO, H, MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2625 LANTERN LIGHT WAY
 City MANASQUAN State NJ Zip Code 08736-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2023
Transaction ID : SA11A.28431
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WAGNER, LEO, H, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2625 LANTERN LIGHT WAY

City MANASQUAN	State NJ	Zip Code 08736-2247
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2023

Transaction ID : SA11A.28432

Amount of Each Receipt this Period
200.00

Memo Item
CONTRIBUTION

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

Mailing Address 1907 E GREENLAWN CT

City MUNCIE	State IN	Zip Code 47302-5935
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID : SA11A.33642

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

C. WALRAVEN, DIANN, P, MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 291 OAK ST

City RANDOLPH	State MA	Zip Code 02368-3829
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2023

Transaction ID : SA11A.27418

Amount of Each Receipt this Period
50.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 154 OF 208
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WALRAVEN, DIANN, P, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 OAK ST
 City RANDOLPH State MA Zip Code 02368-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 20 / 2023**
Transaction ID : SA11A.27419
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

B. WALRAVEN, DIANN, P, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 OAK ST
 City RANDOLPH State MA Zip Code 02368-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 14 / 2023**
Transaction ID : SA11A.28437
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION

C. WALRAVEN, DIANN, P, MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 291 OAK ST
 City RANDOLPH State MA Zip Code 02368-3829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 24 / 2023**
Transaction ID : SA11A.28438
 Amount of Each Receipt this Period 50.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 208
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 626 BERRY HILL LN SW

City ARAB	State AL	Zip Code 35016-1723
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID : SA11A.27959

Amount of Each Receipt this Period
20.00

Memo Item CONTRIBUTION

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

Mailing Address 626 BERRY HILL LN SW

City ARAB	State AL	Zip Code 35016-1723
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2023

Transaction ID : SA11A.31522

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

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

Mailing Address 626 BERRY HILL LN SW

City ARAB	State AL	Zip Code 35016-1723
--------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2023

Transaction ID : SA11A.31523

Amount of Each Receipt this Period
100.00

Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	220.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 2529 E GREYSTONE CT

City EAGLE	State ID	Zip Code 83616-6806
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2023

Transaction ID : SA11A.33701

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

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

Mailing Address 605 WATKINS AVE

City FRIONA	State TX	Zip Code 79035-2233
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2023

Transaction ID : SA11A.27689

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

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

Mailing Address 605 WATKINS AVE

City FRIONA	State TX	Zip Code 79035-2233
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2023

Transaction ID : SA11A.30663

Amount of Each Receipt this Period
25.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 157 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 605 WATKINS AVE

City FRIONA	State TX	Zip Code 79035-2233
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2023

Transaction ID : SA11A.30664

Amount of Each Receipt this Period
35.00

Memo Item
CONTRIBUTION

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

Mailing Address 605 WATKINS AVE

City FRIONA	State TX	Zip Code 79035-2233
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2023

Transaction ID : SA11A.33607

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

C. WILKERSON, ELAINE, M, MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 201

City MINBURN	State IA	Zip Code 50167-0201
-----------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
244.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2023

Transaction ID : SA11A.27943

Amount of Each Receipt this Period
45.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WILKERSON, ELAINE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 201
 City MINBURN State IA Zip Code 50167-0201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2023
Transaction ID : SA11A.29163
 Amount of Each Receipt this Period
 100.00
 Memo Item
 CONTRIBUTION

B. WILKERSON, ELAINE, M, MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 201
 City MINBURN State IA Zip Code 50167-0201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2023
Transaction ID : SA11A.31487
 Amount of Each Receipt this Period
 99.00
 Memo Item
 CONTRIBUTION

C. WILLIFORD, HENRY, G, MR, JR
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SEQUOYAH DR
 City DOTHAN State AL Zip Code 36303-2820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2023
Transaction ID : SA11A.32894
 Amount of Each Receipt this Period
 500.00
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	699.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

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

Mailing Address 8032 MOUSE CREEK RD NW

City CLEVELAND	State TN	Zip Code 37312-6303
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2023

Transaction ID : SA11A.32889

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

B. ZOCHER, GEORGE, A, MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11893 450TH ST SE

City FERTILE	State MN	Zip Code 56540-9166
-----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2023

Transaction ID : SA11A.32356

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
64745.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2023

Transaction ID : SA11C.22435

Amount of Each Receipt this Period
1739.58

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 20 / 2023
Transaction ID : SA11A.22491
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

B. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 01 / 09 / 2023
Transaction ID : SA11A.22504
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 64745.85

Date of Receipt 02 / 28 / 2023
Transaction ID : SA11C.22436
 Amount of Each Receipt this Period 10807.27
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 20 / 2023
Transaction ID : SA11A.22992
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

B. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 02 / 09 / 2023
Transaction ID : SA11A.23014
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 64745.85

Date of Receipt 03 / 31 / 2023
Transaction ID : SA11C.22437
 Amount of Each Receipt this Period 11989.52
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2023
Transaction ID : SA11A.23511
 Amount of Each Receipt this Period
 100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

B. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2023
Transaction ID : SA11A.23786
 Amount of Each Receipt this Period
 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

C. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 64745.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2023
Transaction ID : SA11C.22438
 Amount of Each Receipt this Period
 26519.11
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 20 / 2023
Transaction ID : SA11A.24549
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

B. BRUNJES, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 LUMINA AVE NORTH
 City WRIGHTSVILLE BEACH State NC Zip Code 28480-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 03 / 2023
Transaction ID : SA11A.25145
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

C. FLOWERS, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1704 CHAMPIONSHIP BLVD
 City FRANKLIN State TN Zip Code 37064-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt 04 / 02 / 2023
Transaction ID : SA11A.25342
 Amount of Each Receipt this Period 3100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....▶	3450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GUIDO, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3130 EDEN DRIVE
 City ABINGDON State MD Zip Code 21009-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt **04 / 15 / 2023**
Transaction ID : SA11A.24673
 Amount of Each Receipt this Period 1000.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED; REFUNDED \$1,000.00 ON 04/18/2023

B. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **04 / 09 / 2023**
Transaction ID : SA11A.24845
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

C. PAPPAN, ARLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 742 WILLIAMS COURT
 City MEDFORD State OR Zip Code 97504-
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 04 / 2023**
Transaction ID : SA11A.25004
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 208
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. WINRED
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
64745.85

Date of Receipt
05 / 31 / 2023
Transaction ID : SA11C.22439

Amount of Each Receipt this Period
3826.70

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

B. AGNEW, SAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 242 GRANVILLE CT.

City BATON ROUGE	State LA	Zip Code 70810-4859
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
05 / 20 / 2023
Transaction ID : SA11A.25592

Amount of Each Receipt this Period
100.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. CHERNYAVSKY, NAUM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7746 FISHER ISLAND DRIVE

City MIAMI BEACH	State FL	Zip Code 33109-
---------------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 23 / 2023
Transaction ID : SA11A.25586

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 208
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. LLOYD, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2036 N. SEYMOUR RD
 City FLUSHING State MI Zip Code 48433-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 09 / 2023
Transaction ID : SA11A.25852
 Amount of Each Receipt this Period 250.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

B. WINRED
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 9891
 City ARLINGTON State VA Zip Code 22219-1891
 FEC ID number of contributing federal political committee. **C** C00694323
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 64745.85

Date of Receipt 06 / 30 / 2023
Transaction ID : SA11C.22440
 Amount of Each Receipt this Period 9863.67
 Memo Item CONTRIBUTION
 SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. AGNEW, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 242 GRANVILLE CT.
 City BATON ROUGE State LA Zip Code 70810-4859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 20 / 2023
Transaction ID : SA11A.25938
 Amount of Each Receipt this Period 100.00
 Memo Item CONTRIBUTION
 EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 167 OF 208
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. FLOYD, JOHN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 272 WINDSOR PKWY NE

City ATLANTA	State GA	Zip Code 30342-
-----------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2023

Transaction ID : SA11A.25980

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 2036 N. SEYMOUR RD

City FLUSHING	State MI	Zip Code 48433-9733
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2023

Transaction ID : SA11A.26410

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 6804 YALE BRIDGE RD

City ROCKTON	State IL	Zip Code 61072-
-----------------	-------------	--------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2023

Transaction ID : SA11A.25992

Amount of Each Receipt this Period
250.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	73651.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 168 OF 208
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HSP DIRECT LLC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN	State VA	Zip Code 20147
-----------------	-------------	-------------------

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 ▼
827.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2023

Transaction ID : SA15.570

Amount of Each Receipt this Period
120.00

Memo Item
REFUND OF DIRECT MAIL FEES

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

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN	State VA	Zip Code 20147
-----------------	-------------	-------------------

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 ▼
827.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2023

Transaction ID : SA15.571

Amount of Each Receipt this Period
190.00

Memo Item
REFUND OF DIRECT MAIL FEE

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

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN	State VA	Zip Code 20147
-----------------	-------------	-------------------

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 ▼
827.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2023

Transaction ID : SA15.576

Amount of Each Receipt this Period
340.00

Memo Item
REFUND OF DIRECT MAIL FEES

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 208
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HSP DIRECT LLC		Date of Receipt
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City	State	Transaction ID : SA15.580
ASHBURN	VA	
Zip Code	Amount of Each Receipt this Period	
20147	<input type="text" value="177.00"/>	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="checkbox"/> Memo Item RETURN OF DIRECT MAIL FEES
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="827.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WINRED TECHNICAL SERVICES		Date of Receipt
Mailing Address 1776 WILSON BOULEVARD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2023"/>
City	State	Transaction ID : SA15.554
ARLINGTON	VA	
Zip Code	Amount of Each Receipt this Period	
22209	<input type="text" value="1266.69"/>	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="checkbox"/> Memo Item REFUND OF FUNDRAISING FEES
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1266.69"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
Zip Code	<input type="text"/>	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1443.69"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="2093.69"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	3			2	0	2	3	

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I454

Amount of Each Disbursement this Period

[REDACTED] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				2	2			2	0	2	3	

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I462

Amount of Each Disbursement this Period

[REDACTED] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				2	5			2	0	2	3	

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I463

Amount of Each Disbursement this Period

[REDACTED] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1500.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		24		2023

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C []

Transaction ID : SB21B.I464

Amount of Each Disbursement this Period

[] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2023

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C []

Transaction ID : SB21B.I465

Amount of Each Disbursement this Period

[] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. CMDI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		22		2023

Mailing Address 1593 SPRING HILL ROAD
STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE SERVICES

FEC Identification Number

C []

Transaction ID : SB21B.I466

Amount of Each Disbursement this Period

[] 500.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 1500.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
DIRECT MAIL

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
03		23		2023

FEC Identification Number

C []

Transaction ID : SB21B.I563

Amount of Each Disbursement this Period

[] 882.11

Memo Item

B. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
DIRECT MAIL

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
06		29		2023

FEC Identification Number

C []

Transaction ID : SB21B.I589

Amount of Each Disbursement this Period

[] 1933.81

Memo Item

C. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
DIRECT MAIL

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
06		08		2023

FEC Identification Number

C []

Transaction ID : SB21B.I602

Amount of Each Disbursement this Period

[] 811.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 3627.80

TOTAL This Period (last page this line number only)..... ▶

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2023

FEC Identification Number

C []

Transaction ID : **SB21B.I609**
Amount of Each Disbursement this Period

[] 1673.37

Memo Item

B. DIRECT MAIL PROCESSORS

Full Name (Last, First, Middle Initial)

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWN

State
MD

Zip Code
21740

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2023

FEC Identification Number

C []

Transaction ID : **SB21B.I628**
Amount of Each Disbursement this Period

[] 497.10

Memo Item

C. DONORBUREAU

Full Name (Last, First, Middle Initial)

Mailing Address 1900 N CULPEPER ST

City
ARLINGTON

State
VA

Zip Code
22207

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2023

FEC Identification Number

C []

Transaction ID : **SB21B.I569**
Amount of Each Disbursement this Period

[] 505.52

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 2675.99

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. DONORBUREAU		Date of Disbursement MM / DD / YYYY 06 / 08 / 2023	
Mailing Address 1900 N CULPEPER ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I599 Amount of Each Disbursement this Period [REDACTED] 1086.12	
City ARLINGTON	State VA	Zip Code 22207	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. DONORBUREAU		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023	
Mailing Address 1900 N CULPEPER ST		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I612 Amount of Each Disbursement this Period [REDACTED] 1274.97	
City ARLINGTON	State VA	Zip Code 22207	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ELECTION CFO		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023	
Mailing Address PO BOX 26141		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I455 Amount of Each Disbursement this Period [REDACTED] 1000.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type [REDACTED]
Purpose of Disbursement COMPLIANCE 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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 3361.09
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
04 / 07 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I456
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I457
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ELECTION CFO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 08 / 2023

FEC Identification Number: C
Transaction ID : SB21B.I458
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. ELECTION CFO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I459

Amount of Each Disbursement this Period: 1105.88

Memo Item

B. ELECTION CFO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I461

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. ELECTION CFO

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I468

Amount of Each Disbursement this Period: 1986.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4092.28

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. ELECTION CFO		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023	
Mailing Address PO BOX 26141		FEC Identification Number C [] Transaction ID : SB21B.I645 Amount of Each Disbursement this Period [] 1000.00	
City ALEXANDRIA	State VA	Zip Code 22313	Category/ Type []
Purpose of Disbursement COMPLIANCE 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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) B. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 04 / 24 / 2023	
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [] Transaction ID : SB21B.I573 Amount of Each Disbursement this Period [] 2403.62	
City STERLING	State VA	Zip Code 20166	Category/ Type []
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) C. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023	
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [] Transaction ID : SB21B.I579 Amount of Each Disbursement this Period [] 2482.48	
City STERLING	State VA	Zip Code 20166	Category/ Type []
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 5886.10	
TOTAL This Period (last page this line number only)..... ▶		[]	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 06 / 26 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I583 Amount of Each Disbursement this Period 3881.52
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 06 / 29 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I588 Amount of Each Disbursement this Period 2063.69
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I610 Amount of Each Disbursement this Period 1095.14
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement DIRECT MAIL	Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7040.35
[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 05 / 10 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I622 Amount of Each Disbursement this Period 2215.94
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement DIRECT MAIL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I627 Amount of Each Disbursement this Period 13245.52
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement DIRECT MAIL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FULFILLMENT SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 04 / 12 / 2023
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C Transaction ID : SB21B.I632 Amount of Each Disbursement this Period 1608.10
City STERLING	State VA	
Zip Code 20166	Purpose of Disbursement DIRECT MAIL	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

17069.56

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. HSP DIRECT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement DIRECT MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I567

Amount of Each Disbursement this Period: 1505.10

Memo Item

B. HSP DIRECT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement DIRECT MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I587

Amount of Each Disbursement this Period: 3000.00

Memo Item

C. HSP DIRECT LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement DIRECT MAIL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I604

Amount of Each Disbursement this Period: 4320.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8825.10

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I611
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 20056.63
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HSP DIRECT LLC		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I629
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 4320.00
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. IMAGE DIRECT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2023
Mailing Address 200 MONROE AVENUE, BUILDING 4		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I590
City FREDERICK	State MD	Zip Code 21701
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period [REDACTED] 288.25
Candidate Name		Category/Type [REDACTED]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 24664.88
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I597

Amount of Each Disbursement this Period

[REDACTED] 12146.78

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGE DIRECT

Mailing Address 200 MONROE AVENUE, BUILDING 4

City FREDERICK State MD Zip Code 21701

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I614

Amount of Each Disbursement this Period

[REDACTED] 1316.25

Memo Item

Full Name (Last, First, Middle Initial)

C. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I572

Amount of Each Disbursement this Period

[REDACTED] 26.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 13489.18

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 23 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I582
Amount of Each Disbursement this Period

24916.95

Memo Item

Full Name (Last, First, Middle Initial)

B. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I584
Amount of Each Disbursement this Period

26.15

Memo Item

Full Name (Last, First, Middle Initial)

C. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City DULLES State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I600
Amount of Each Disbursement this Period

11338.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

36281.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 01 / 03 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I555 Amount of Each Disbursement this Period [REDACTED] 38.81
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 02 / 02 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I558 Amount of Each Disbursement this Period [REDACTED] 44.69
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 02 / 13 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I560 Amount of Each Disbursement this Period [REDACTED] 25.00
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 108.50
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I578 Amount of Each Disbursement this Period 25.00
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 06 / 02 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I593 Amount of Each Disbursement this Period 562.60
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 06 / 02 / 2023
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I594 Amount of Each Disbursement this Period 158.27
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	745.87
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 05 / 02 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C [REDACTED]	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I616	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 268.78	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 05 / 04 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C [REDACTED]	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I617	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 96.97	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 04 / 03 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C [REDACTED]	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I625	
Candidate Name			Amount of Each Disbursement this Period [REDACTED] 237.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 603.17
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 04 / 06 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I631	
Candidate Name			Amount of Each Disbursement this Period 82.77	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 03 / 02 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I634	
Candidate Name			Amount of Each Disbursement this Period 173.87	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 03 / 06 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN	State MD	Zip Code 21740	FEC Identification Number C	
Purpose of Disbursement BANK FEES			Transaction ID : SB21B.I635	
Candidate Name			Amount of Each Disbursement this Period 53.27	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional)..... ▶

309.91

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK			Date of Disbursement MM / DD / YYYY 03 / 02 / 2023	
Mailing Address 1101 PROFESSIONAL COURT				
City HAGERSTOWN		State MD	Zip Code 21740	
Purpose of Disbursement BANK FEES			Category/Type <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 100.00		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) B. NOVA LIST			Date of Disbursement MM / DD / YYYY 06 / 08 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE				
City ASHBURN		State VA	Zip Code 20147	
Purpose of Disbursement DIRECT MAIL			Category/Type <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 1954.22		
<input type="checkbox"/> Memo Item				

Full Name (Last, First, Middle Initial) C. NOVA LIST			Date of Disbursement MM / DD / YYYY 06 / 15 / 2023	
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE				
City ASHBURN		State VA	Zip Code 20147	
Purpose of Disbursement DIRECT MAIL			Category/Type <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		Amount of Each Disbursement this Period 4569.45		
<input type="checkbox"/> Memo Item				

SUBTOTAL of Disbursements This Page (optional)..... ▶	6623.67
TOTAL This Period (last page this line number only)..... ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I626
Amount of Each Disbursement this Period
 2042.50

Memo Item

Full Name (Last, First, Middle Initial)

B. ONPOINT DATA STRATEGY LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I568
Amount of Each Disbursement this Period
 1645.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ONPOINT DATA STRATEGY LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 08 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I601
Amount of Each Disbursement this Period
 22.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3710.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I608 Amount of Each Disbursement this Period 2374.39
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ONPOINT DATA STRATEGY LLC		Date of Disbursement MM / DD / YYYY 04 / 06 / 2023
Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I630 Amount of Each Disbursement this Period 1085.50
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 03 / 27 / 2023
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I565 Amount of Each Disbursement this Period 1051.44
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement DIRECT MAIL		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶

4511.33

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 04 / 26 / 2023
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [] Transaction ID : SB21B.I574 Amount of Each Disbursement this Period [] 27155.49
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement DIRECT MAIL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 04 / 28 / 2023
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [] Transaction ID : SB21B.I575 Amount of Each Disbursement this Period [] 5913.85
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement DIRECT MAIL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 06 / 23 / 2023
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [] Transaction ID : SB21B.I581 Amount of Each Disbursement this Period [] 578.92
City MANASSAS	State VA	Zip Code 20109
Purpose of Disbursement DIRECT MAIL		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 33648.26
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 06 / 15 / 2023	
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I607 Amount of Each Disbursement this Period 7854.56	
City MANASSAS	State VA	Zip Code 20109	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 05 / 05 / 2023	
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I618 Amount of Each Disbursement this Period 4000.00	
City MANASSAS	State VA	Zip Code 20109	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. PLANET DIRECT MAIL		Date of Disbursement MM / DD / YYYY 05 / 08 / 2023	
Mailing Address 11050 CHALLENGER COURT		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I619 Amount of Each Disbursement this Period 3893.11	
City MANASSAS	State VA	Zip Code 20109	Category/ Type [REDACTED]
Purpose of Disbursement DIRECT MAIL		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	15747.67
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. PLANET DIRECT MAIL

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I623

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. PLANET DIRECT MAIL

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I624

Amount of Each Disbursement this Period

896.48

Memo Item

Full Name (Last, First, Middle Initial)

C. PLANET DIRECT MAIL

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I633

Amount of Each Disbursement this Period

3000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6896.48

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. PLANET DIRECT MAIL

Mailing Address 11050 CHALLENGER COURT

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
DIRECT MAIL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I636
Amount of Each Disbursement this Period
1867.17

Memo Item

Full Name (Last, First, Middle Initial)

B. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I561
Amount of Each Disbursement this Period
3399.38

Memo Item

Full Name (Last, First, Middle Initial)

C. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I562
Amount of Each Disbursement this Period
5500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10766.55

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I564

Amount of Each Disbursement this Period: 4166.10

Memo Item

B. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I566

Amount of Each Disbursement this Period: 11493.85

Memo Item

C. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.I577

Amount of Each Disbursement this Period: 23220.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 38880.18

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2023			

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I592

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			08			2023			

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I598

Amount of Each Disbursement this Period

[REDACTED] 4504.43

Memo Item

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			16			2023			

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I637

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement
POSTAGE

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 16004.43

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	02	/	2023

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
POSTAGE

Transaction ID : SB21B.I638

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 1800.00

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	09	/	2023

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
POSTAGE

Transaction ID : SB21B.I639

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 5200.43

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	13	/	2023

Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE

City ASHBURN State VA Zip Code 20147

FEC Identification Number

C [REDACTED]

Purpose of Disbursement
POSTAGE

Transaction ID : SB21B.I640

Candidate Name

Amount of Each Disbursement this Period

[REDACTED] 1923.26

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

[REDACTED] 8923.69

TOTAL This Period (last page this line number only).....▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 04 / 19 / 2023
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [] Transaction ID : SB21B.I467 Amount of Each Disbursement this Period [] 2000.00
City BRECKSVILLE	State OH	Zip Code 44141
Purpose of Disbursement STRATEGIC CONSULTING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2023
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [] Transaction ID : SB21B.I647 Amount of Each Disbursement this Period [] 85.83
City BRECKSVILLE	State OH	Zip Code 44141
Purpose of Disbursement FUNDRAISING FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 02 / 28 / 2023
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [] Transaction ID : SB21B.I648 Amount of Each Disbursement this Period [] 506.08
City BRECKSVILLE	State OH	Zip Code 44141
Purpose of Disbursement FUNDRAISING FEES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶

2591.91

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial) A. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2023	
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I649 Amount of Each Disbursement this Period 563.91	
City BRECKSVILLE	State OH	Zip Code 44141	Category/ Type [REDACTED]
Purpose of Disbursement FUNDRAISING FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 04 / 30 / 2023	
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I650 Amount of Each Disbursement this Period 1290.43	
City BRECKSVILLE	State OH	Zip Code 44141	Category/ Type [REDACTED]
Purpose of Disbursement FUNDRAISING FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. THE AVENTINE GROUP, LLC		Date of Disbursement MM / DD / YYYY 05 / 31 / 2023	
Mailing Address 8748 BRECKSVILLE ROAD STE 227		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I651 Amount of Each Disbursement this Period 259.56	
City BRECKSVILLE	State OH	Zip Code 44141	Category/ Type [REDACTED]
Purpose of Disbursement FUNDRAISING FEES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	2113.90
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)
A. THE AVENTINE GROUP, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				3	0		2	0	2	3		

Mailing Address 8748 BRECKSVILLE ROAD
STE 227

City BRECKSVILLE State OH Zip Code 44141

Purpose of Disbursement
FUNDRAISING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I652
Amount of Each Disbursement this Period

[REDACTED] 462.76

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)
B. TMA DIRECT INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				3	1		2	0	2	3		

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I653
Amount of Each Disbursement this Period

[REDACTED] 425.39

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)
C. TMA DIRECT INC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				2	8		2	0	2	3		

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I654
Amount of Each Disbursement this Period

[REDACTED] 8058.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 8946.15

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. TMA DIRECT INC

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I655
Amount of Each Disbursement this Period

9023.78

Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT INC

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I656
Amount of Each Disbursement this Period

20647.45

Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT INC

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.I657
Amount of Each Disbursement this Period

1929.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

31600.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. TMA DIRECT INC

Mailing Address 1900 RESTON METRO PLAZA
STE 500

City RESTON State VA Zip Code 20190

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I658
Amount of Each Disbursement this Period
7369.51

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I557
Amount of Each Disbursement this Period
790.00

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 900 BRENTWOOD RD, NE #118

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I585
Amount of Each Disbursement this Period
1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

9159.51

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Mailing Address 900 BRENTWOOD RD, NE #118

City
WASHINGTON

State
DC

Zip Code
20066

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I586

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Mailing Address 900 BRENTWOOD RD, NE #118

City
WASHINGTON

State
DC

Zip Code
20066

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I591

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Mailing Address 900 BRENTWOOD RD, NE #118

City
WASHINGTON

State
DC

Zip Code
20066

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.I605

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2	5	0	0	0	0
---	---	---	---	---	---

2	5	0	0	0	0
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2023

Mailing Address 900 BRENTWOOD RD, NE #118

FEC Identification Number

C []

Transaction ID : SB21B.I606

Amount of Each Disbursement this Period

[] 3000.00

Memo Item

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		21		2023

Mailing Address 900 BRENTWOOD RD, NE #118

FEC Identification Number

C []

Transaction ID : SB21B.I615

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2023

Mailing Address 900 BRENTWOOD RD, NE #118

FEC Identification Number

C []

Transaction ID : SB21B.I620

Amount of Each Disbursement this Period

[] 1150.00

Memo Item

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

[]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 5150.00

TOTAL This Period (last page this line number only)..... ▶

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL OFFICE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		09		2023

Mailing Address 900 BRENTWOOD RD, NE #118

FEC Identification Number

C []

Transaction ID : SB21B.I621

Amount of Each Disbursement this Period

[] 500.00

Memo Item

City WASHINGTON State DC Zip Code 20066

Purpose of Disbursement
POSTAGE

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2023

Mailing Address 1776 WILSON BOULEVARD

FEC Identification Number

C []

Transaction ID : SB21B.I547

Amount of Each Disbursement this Period

[] 68.66

Memo Item

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2023

Mailing Address 1776 WILSON BOULEVARD

FEC Identification Number

C []

Transaction ID : SB21B.I548

Amount of Each Disbursement this Period

[] 426.90

Memo Item

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

[]

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 995.56

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2023

Mailing Address 1776 WILSON BOULEVARD

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I549

Amount of Each Disbursement this Period

[REDACTED] 473.43

Memo Item

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2023

Mailing Address 1776 WILSON BOULEVARD

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I550

Amount of Each Disbursement this Period

[REDACTED] 1046.82

Memo Item

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2023

Mailing Address 1776 WILSON BOULEVARD

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I551

Amount of Each Disbursement this Period

[REDACTED] 151.28

Memo Item

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

[REDACTED]

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 1671.53

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I552
Amount of Each Disbursement this Period
389.41

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES

Mailing Address 1776 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2023

FEC Identification Number

C
Transaction ID : SB21B.I553
Amount of Each Disbursement this Period
90.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

479.41

TOTAL This Period (last page this line number only)..... ▶

345701.82

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ULTRA MAGA PAC

A. GUIDO, BARBARA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3130 EDEN DRIVE

City ABINGDON State MD Zip Code 21009

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 18 / 2023

FEC Identification Number: C

Transaction ID : SB28A.I527

Amount of Each Disbursement this Period: 1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00