

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAGA COALITION, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		28038.24
(b) Cash on Hand at Beginning of Reporting Period.....	12428.94	
(c) Total Receipts (from Line 19)	2153.00	9971.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	14581.94	38009.87
7. Total Disbursements (from Line 31).....	14581.94	38009.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

MAGA COALITION, INC.

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	660.00	2585.00
(ii) Unitemized	1493.00	7353.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2153.00	9938.83
(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)	2153.00	9938.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	32.80
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)).....▶	2153.00	9971.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2153.00	9971.63

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	14581.94	38009.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14581.94	38009.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14581.94	38009.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14581.94	38009.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2153.00	9938.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2153.00	9938.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14581.94	38009.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14581.94	38009.87

**SCHEDULE A (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 26
	<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)
MAGA COALITION, INC.

A. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road
 City Cortez State CO Zip Code 81321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Janitorial Service
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **335.00**

Date of Receipt **07 / 21 / 2019**
Transaction ID : SA11AI.6614
 Amount of Each Receipt this Period **20.00**
 Memo Item Receipt

B. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road
 City Cortez State CO Zip Code 81321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Janitorial Service
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **355.00**

Date of Receipt **07 / 23 / 2019**
Transaction ID : SA11AI.6573
 Amount of Each Receipt this Period **20.00**
 Memo Item Receipt

C. Bugg, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1418 Aldridge Road
 City Cortez State CO Zip Code 81321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Janitorial Service
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **375.00**

Date of Receipt **08 / 21 / 2019**
Transaction ID : SA11AI.6625
 Amount of Each Receipt this Period **20.00**
 Memo Item Receipt

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 26
	(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"/> 16
		<input type="checkbox"/> 17

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

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 395.00

Date of Receipt
 08 / 23 / 2019
Transaction ID : SA11AI.6584

Amount of Each Receipt this Period
 20.00

Memo Item
 Receipt

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 09 / 01 / 2019
Transaction ID : SA11AI.6601

Amount of Each Receipt this Period
 25.00

Memo Item
 Receipt

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

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 09 / 21 / 2019
Transaction ID : SA11AI.6635

Amount of Each Receipt this Period
 20.00

Memo Item
 Receipt

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bugg, Kathi, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1418 Aldridge Road

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2019

Transaction ID : SA11AI.6643

Amount of Each Receipt this Period
20.00

Memo Item
Receipt

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

Mailing Address 1418 Aldridge Road

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2019

Transaction ID : SA11AI.6650

Amount of Each Receipt this Period
20.00

Memo Item
Receipt

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

Mailing Address 1418 Aldridge Road

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Janitorial Service
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2019

Transaction ID : SA11AI.6660

Amount of Each Receipt this Period
20.00

Memo Item
Receipt

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Haberlein, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4506 Hersman St., SE
 City Grand Rapids State MI Zip Code 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 07 / 2019
Transaction ID : SA11AI.6565
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Receipt

B. Keaton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 643 Cobblestone Drive
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 17 / 2019
Transaction ID : SA11AI.6568
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Receipt

C. Keaton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 643 Cobblestone Drive
 City Delaware State OH Zip Code 43015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Per Best Effort
 Occupation (for Individual) Info Requested Per Best Effort
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 17 / 2019
Transaction ID : SA11AI.6579
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Receipt

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 10 OF 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Wilcox, Jennifer, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29426 Via Napoli

City Laguna Niguel	State CA	Zip Code 92677
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coast Community College Dist.	Occupation (for Individual) Instructor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2019

Transaction ID : SA11AI.6603

Amount of Each Receipt this Period
100.00

Memo Item Receipt

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

Mailing Address 29426 Via Napoli

City Laguna Niguel	State CA	Zip Code 92677
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coast Community College Dist.	Occupation (for Individual) Instructor
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2019

Transaction ID : SA11AI.6600

Amount of Each Receipt this Period
100.00

Memo Item Receipt

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

Mailing Address 29426 Via Napoli

City Laguna Niguel	State CA	Zip Code 92677
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Coast Community College Dist.	Occupation (for Individual) Instructor
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2019

Transaction ID : SA11AI.6593

Amount of Each Receipt this Period
75.00

Memo Item Receipt

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	660.00

**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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial) A. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 07 / 02 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6742
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		Amount of Each Disbursement this Period [] 16.11
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 07 / 12 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6740
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		Amount of Each Disbursement this Period [] 139.00
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 07 / 31 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6734
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expenses		Amount of Each Disbursement this Period [] 5.69
Candidate Name		Category/Type []
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 160.80
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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial) A. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 08 / 12 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6728 Amount of Each Disbursement this Period [] 139.00
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 08 / 29 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6713 Amount of Each Disbursement this Period [] 6.09
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 09 / 12 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6705 Amount of Each Disbursement this Period [] 139.00
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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).....▶

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

[] 284.09
[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Davinci Virtual Office

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East, Suite 200 #200

City Salt Lake State UT Zip Code 84106

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6701

Amount of Each Disbursement this Period: 6.09

Memo Item

B. Davinci Virtual Office

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East, Suite 200 #200

City Salt Lake State UT Zip Code 84106

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6695

Amount of Each Disbursement this Period: 139.00

Memo Item

C. Davinci Virtual Office

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East, Suite 200 #200

City Salt Lake State UT Zip Code 84106

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6689

Amount of Each Disbursement this Period: 5.69

Memo Item

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

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

150.78

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 11 / 12 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6681 Amount of Each Disbursement this Period [] 139.00
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 11 / 25 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6679 Amount of Each Disbursement this Period [] 5.69
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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. Davinci Virtual Office		Date of Disbursement MM / DD / YYYY 12 / 12 / 2019
Mailing Address 2150 South 1300 East, Suite 200 #200		FEC Identification Number C [] Transaction ID : SB21B.6673 Amount of Each Disbursement this Period [] 139.00
City Salt Lake	State UT	Zip Code 84106
Purpose of Disbursement Office Expense		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)..... ▶

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

[] 283.69
[]

**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)
MAGA COALITION, INC.

A. Davinci Virtual Office

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East, Suite 200 #200

City Salt Lake State UT Zip Code 84106

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6664

Amount of Each Disbursement this Period: 139.00

Memo Item

B. Davinci Virtual Office

Full Name (Last, First, Middle Initial)

Mailing Address 2150 South 1300 East, Suite 200 #200

City Salt Lake State UT Zip Code 84106

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 31 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6666

Amount of Each Disbursement this Period: 4.75

Memo Item

C. Election CFO Accounting Services

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 26141

City Alexandria State VA Zip Code 22313

Purpose of Disbursement Accounting & Reporting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6736

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2643.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gingrich, Adam, , ,		Date of Disbursement MM / DD / YYYY 12 / 31 / 2019
Mailing Address 3030 N. Rocky Pointe D Ste 150A		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6662 Amount of Each Disbursement this Period 7708.49
City Tampa	State FL	Zip Code 33607
Purpose of Disbursement Political 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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Go Daddy		Date of Disbursement MM / DD / YYYY 08 / 19 / 2019
Mailing Address 14455 N. Hayden Rd. Ste 226		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6724 Amount of Each Disbursement this Period 194.60
City Scottsdale	State AZ	Zip Code 85260
Purpose of Disbursement Website hosting		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. Go Daddy		Date of Disbursement MM / DD / YYYY 08 / 26 / 2019
Mailing Address 14455 N. Hayden Rd. Ste 226		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6716 Amount of Each Disbursement this Period 4.99
City Scottsdale	State AZ	Zip Code 85260
Purpose of Disbursement Website hosting		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).....▶	7908.08
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Go Daddy

Date of Disbursement: MM / DD / YYYY
08 / 27 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B.6714
Amount of Each Disbursement this Period: 5.99

Memo Item

Full Name (Last, First, Middle Initial)
B. Go Daddy

Date of Disbursement: MM / DD / YYYY
09 / 05 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B.6709
Amount of Each Disbursement this Period: 14.99

Memo Item

Full Name (Last, First, Middle Initial)
C. Go Daddy

Date of Disbursement: MM / DD / YYYY
09 / 09 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : SB21B.6706
Amount of Each Disbursement this Period: 4.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6704
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6699
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Website hosting

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6696
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Go Daddy

Date of Disbursement: MM / DD / YYYY
10 / 15 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.6694**
Amount of Each Disbursement this Period: 19.98

Memo Item

Full Name (Last, First, Middle Initial)
B. Go Daddy

Date of Disbursement: MM / DD / YYYY
10 / 28 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.6690**
Amount of Each Disbursement this Period: 5.99

Memo Item

Full Name (Last, First, Middle Initial)
C. Go Daddy

Date of Disbursement: MM / DD / YYYY
11 / 08 / 2019

Mailing Address: 14455 N. Hayden Rd.
Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.6686**
Amount of Each Disbursement this Period: 4.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Go Daddy

Date of Disbursement: MM / DD / YYYY
11 / 15 / 2019

Mailing Address: 14455 N. Hayden Rd. Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6680**
Amount of Each Disbursement this Period: 19.98

Memo Item

Full Name (Last, First, Middle Initial)
B. Go Daddy

Date of Disbursement: MM / DD / YYYY
11 / 27 / 2019

Mailing Address: 14455 N. Hayden Rd. Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Website hosting

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6677**
Amount of Each Disbursement this Period: 5.99

Memo Item

Full Name (Last, First, Middle Initial)
C. Go Daddy

Date of Disbursement: MM / DD / YYYY
12 / 09 / 2019

Mailing Address: 14455 N. Hayden Rd. Ste 226

City: Scottsdale State: AZ Zip Code: 85260

Purpose of Disbursement: Software

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB21B.6674**
Amount of Each Disbursement this Period: 4.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 30.96

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 16 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6672
Amount of Each Disbursement this Period
19.98

Memo Item

Full Name (Last, First, Middle Initial)

B. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 27 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6670
Amount of Each Disbursement this Period
5.99

Memo Item

Full Name (Last, First, Middle Initial)

C. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6663
Amount of Each Disbursement this Period
19.98

Memo Item

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

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

45.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Go Daddy

Mailing Address 14455 N. Hayden Rd.
Ste 226

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6665
Amount of Each Disbursement this Period
4.99

Memo Item

Full Name (Last, First, Middle Initial)

B. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6697
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6698
Amount of Each Disbursement this Period
25.00

Memo Item

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

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

59.99

**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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6687
Amount of Each Disbursement this Period
30.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6688
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2019

FEC Identification Number

C
Transaction ID : SB21B.6676
Amount of Each Disbursement this Period
30.00

Memo Item

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

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

85.00

**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)
MAGA COALITION, INC.

Full Name (Last, First, Middle Initial)

A. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 03 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6675

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6668

Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

C. JPMORGANCHASE BANK CHARGE

Mailing Address 345 Park Avenue

City New York State NY Zip Code 10154

Purpose of Disbursement
Bank Charges

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2019

FEC Identification Number

C

Transaction ID : SB21B.6669

Amount of Each Disbursement this Period

25.00

Memo Item

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

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

80.00

**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

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

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

Full Name (Last, First, Middle Initial) A. MICHELANGELO HOTEL		Date of Disbursement MM / DD / YYYY 08 / 19 / 2019	
Mailing Address 152 W 51st Street		FEC Identification Number C [] Transaction ID : SB21B.6725 Amount of Each Disbursement this Period [] 310.32	
City New York	State NY	Zip Code 10019	Category/ Type []
Purpose of Disbursement Travel-Lodging		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. MICHELANGELO HOTEL		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 152 W 51st Street		FEC Identification Number C [] Transaction ID : SB21B.6720 Amount of Each Disbursement this Period [] 144.00	
City New York	State NY	Zip Code 10019	Category/ Type []
Purpose of Disbursement Travel-Lodging		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. MICHELANGELO HOTEL		Date of Disbursement MM / DD / YYYY 08 / 21 / 2019	
Mailing Address 152 W 51st Street		FEC Identification Number C [] Transaction ID : SB21B.6721 Amount of Each Disbursement this Period [] 813.90	
City New York	State NY	Zip Code 10019	Category/ Type []
Purpose of Disbursement Travel-Lodging		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).....▶	[] 1268.22
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. RingCentral

Full Name (Last, First, Middle Initial)

Mailing Address 20 Davis Dr

City Belmont State CA Zip Code 94002

Purpose of Disbursement Office Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6718

Amount of Each Disbursement this Period: 271.38

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).....▶	271.38
TOTAL This Period (last page this line number only).....▶	13345.59