

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**
MAHA ALLIANCE

ADDRESS (number and street) **8000 TOWERS CRESCENT DRIVE**
13TH FLOOR
 Check if different than previously reported. (ACC) **VIENNA VA 22182**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00888172 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **05** / **2024** in the State of

5. Covering Period **10** / **17** / **2024** through **11** / **25** / **2024**

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

Signature of Treasurer **GONZALEZ, BRITNEY, , ,** Date **12** / **05** / **2024**

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MAHA ALLIANCE

Report Covering the Period: From: 10 / 17 / 2024 To: 11 / 25 / 2024

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2024 (0.00); (b) Cash on Hand at Beginning of Reporting Period (2127147.19); (c) Total Receipts (from Line 19) (3771034.50); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (5898181.69); 7. Total Disbursements (from Line 31) (4974903.03); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (923278.66); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MAHA ALLIANCE

Report Covering the Period: From: 10 / 17 / 2024 To: 11 / 25 / 2024

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).....	3657886.24	6289392.19
(ii) Unitemized	12155.09	13285.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3670041.33	6302677.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	100000.00	2100000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3770041.33	8402677.88
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).....	993.17	993.17
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)).....▶	3771034.50	8403671.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3771034.50	8403671.05

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	1309122.93	1790197.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1309122.93	1790197.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	470000.00	700000.00
24. Independent Expenditures (use Schedule E)	3095780.10	4390195.10
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).....	100000.00	600000.00
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)) ..	4974903.03	7480392.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4974903.03	7480392.39

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)	3770041.33	8402677.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3770041.33	8402677.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1309122.93	1790197.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	993.17	993.17
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1308129.76	1789204.12

**SCHEDULE A (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 118
	<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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. AMELIO, BARBARA, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2024 Transaction ID : SA11A.284453
Mailing Address 21709 CAPPEL		Amount of Each Receipt this Period 100.00
City FRANKFORT	State IL	Zip Code 60423-2257
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.25	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AMELIO, BARBARA, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2024 Transaction ID : SA11A.284476
Mailing Address 21709 CAPPEL		Amount of Each Receipt this Period 260.25
City FRANKFORT	State IL	Zip Code 60423-2257
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.25	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ANDREWS, TODD, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2024 Transaction ID : SA11A.282642
Mailing Address 3319 BRACE CANYON RD.		Amount of Each Receipt this Period 250.00
City BURBANK	State CA	Zip Code 91504-1654
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	610.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 118
	<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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BILLS, MIKE, , ,		Date of Receipt MM / DD / YYYY 11 / 05 / 2024 Transaction ID : SA11A.284569
Mailing Address 735 OXBOW LAKE RD		Amount of Each Receipt this Period 1041.02
City WHITE LAKE	State MI	Zip Code 48386-2630
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) MIKE BILLS	Occupation (for Individual) SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CARNEVALI, ALICIA, , ,		Date of Receipt MM / DD / YYYY 10 / 28 / 2024 Transaction ID : SA11A.282604
Mailing Address 4742 42ND AVE SW #156		Amount of Each Receipt this Period 3123.05
City SEATTLE	State WA	Zip Code 98116-4553
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3123.05	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CLEMENS, CRAIG, , ,		Date of Receipt MM / DD / YYYY 10 / 31 / 2024 Transaction ID : SA11A.282696
Mailing Address 15332 ANTITOCCH ST		Amount of Each Receipt this Period 3000.00
City PACIFIC PALISADES	State CA	Zip Code 90272-
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION
Name of Employer (for Individual) GOLDEN HIPPO	Occupation (for Individual) CO-FOUNDER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	7164.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. CORWIN, BRUCE, , ,

Mailing Address **PO BOX 927**

City **PLAINFIELD** State **IL** Zip Code **60544-**

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

Name of Employer (for Individual) **SWS LEASING** Occupation (for Individual) **REALESTATE PROFESSIONAL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
11 / 17 / 2024

Transaction ID : SA11A.288396

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

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

Mailing Address **8270 ELLERSON GREEN CIRCLE**

City **MECHANICSVILLE** State **VA** Zip Code **23116-1882**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.51**

Date of Receipt
10 / 28 / 2024

Transaction ID : SA11A.282620

Amount of Each Receipt this Period
520.51

Memo Item
CONTRIBUTION

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

Mailing Address **4056 TAMPA ROAD**

City **OLDSMAR** State **FL** Zip Code **34677-3205**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **LAWYER**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **260.25**

Date of Receipt
10 / 31 / 2024

Transaction ID : SA11A.284534

Amount of Each Receipt this Period
260.25

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **1030.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 118
	<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)
MAHA ALLIANCE

A. GARVIN, RONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7513 LINDALE DR
 City SACRAMENTO State CA Zip Code 95828-3913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HEALTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.51

Date of Receipt 10 / 31 / 2024
Transaction ID : SA11A.284538
 Amount of Each Receipt this Period 520.51
 Memo Item
CONTRIBUTION

B. HALL, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3435 OCEAN PARK BLVD STE #107 PMB6
 City SANTA MONICA State CA Zip Code 90405-3320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.05

Date of Receipt 10 / 30 / 2024
Transaction ID : SA11A.284508
 Amount of Each Receipt this Period 255.05
 Memo Item
CONTRIBUTION

C. HAYES, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2524 VIA OLIVERA
 City PALOS VERDES ESTATE State CA Zip Code 90274-2808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE PROFESSIONAL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 364.36

Date of Receipt 10 / 31 / 2024
Transaction ID : SA11A.284531
 Amount of Each Receipt this Period 364.36
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1139.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (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 118
	<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)
MAHA ALLIANCE

A. JARVIS, BOB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3137 E MILLCREEK CANYON RD
 City SALT LAKE CITY State UT Zip Code 84109-3156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 888.88

Date of Receipt 10 / 28 / 2024
Transaction ID : SA11A.282628
 Amount of Each Receipt this Period 888.88
 Memo Item
CONTRIBUTION

B. JOHNSON, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 227 WESTBURY LN
 City GEORGETOWN State TX Zip Code 78633-4358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNEMPLOYED Occupation (for Individual) PHYSICAL THERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.51

Date of Receipt 10 / 26 / 2024
Transaction ID : SA11A.282649
 Amount of Each Receipt this Period 520.51
 Memo Item
CONTRIBUTION

C. LARSEN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13601 W MCMILLIAN RD, 102-157
 City BOISE State ID Zip Code 83713-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2024
Transaction ID : SA11A.284530
 Amount of Each Receipt this Period 5000.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	6409.39
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (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 118
	<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)
MAHA ALLIANCE

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

Mailing Address 120 MAKA TRAIL

City SOQUEL	State CA	Zip Code 95073-9610
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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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2024
Transaction ID : SA11A.284514

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address 2940 CALLENDER ROAD

City ROME	State OH	Zip Code 44085-9704
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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 ▼
1561.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2024
Transaction ID : SA11A.282633

Amount of Each Receipt this Period
1561.52

Memo Item
CONTRIBUTION

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

Mailing Address 3706 HILLCREST DR

City HAYS	State KS	Zip Code 67601-1581
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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 ▼
389.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2024
Transaction ID : SA11A.282609

Amount of Each Receipt this Period
190.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2251.52
TOTAL This Period (last page this line 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 12 OF 118
(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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LOFLIN, BRENDA, , ,

Mailing Address 3706 HILLCREST DR

City HAYS	State KS	Zip Code 67601-1581
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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 ▼
389.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2024

Transaction ID : SA11A.282610

Amount of Each Receipt this Period
199.88

Memo Item
CONTRIBUTION

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

Mailing Address ONE BRIDGE PLAZA N
STE 660

City FORT LEE	State NJ	Zip Code 07024-7102
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MACK COMPANY	Occupation (for Individual) OWNER
---------------------------------------------------	--------------------------------------

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
 10 / 23 / 2024

Transaction ID : SA11A.280394

Amount of Each Receipt this Period
5000.00

Memo Item
CONTRIBUTION

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

Mailing Address 450 DOHENY RD

City BEVERLY HILLS	State CA	Zip Code 90210-2651
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NATHALIE	Occupation (for Individual) ART ADVISOR
-----------------------------------------------	--------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1561.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2024

Transaction ID : SA11A.282643

Amount of Each Receipt this Period
1561.52

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6761.40
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MATCHETT, ROSS, , ,

Mailing Address **2164 AMANDA MAE COURT**

City **TALLAHASSEE** State **FL** Zip Code **32312-3165**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1561.52**

Date of Receipt **10 / 27 / 2024**
Transaction ID : SA11A.282638

Amount of Each Receipt this Period **1561.52**

Memo Item
CONTRIBUTION

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

Mailing Address **33 WINLEY CRESENT**

City **MILLBROOK** State **NY** Zip Code **12545-5464**

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 ▼ **50000.00**

Date of Receipt **10 / 22 / 2024**
Transaction ID : SA11A.280389

Amount of Each Receipt this Period **50000.00**

Memo Item
CONTRIBUTION

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

Mailing Address **200 BEALE LANE**

City **EVANS** State **GA** Zip Code **30809-5446**

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

Name of Employer (for Individual) **SELF EMPLOYED** Occupation (for Individual) **DIRECTOR**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 23 / 2024**
Transaction ID : SA11A.280375

Amount of Each Receipt this Period **250.00**

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **51811.52**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. O'CONNOR, LAWRENCE, , ,

Mailing Address **9121 CAMELBACK DRIVE**

City **AUSTIN** State **TX** Zip Code **78733-3280**

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

Name of Employer (for Individual) **NEW CONCEPTS DEVELOPMENT CORP** Occupation (for Individual) **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
11 / 01 / 2024

Transaction ID : SA11A.282741

Amount of Each Receipt this Period
2500.00

Memo Item
CONTRIBUTION

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

Mailing Address **8425 VICKSBURG AVE.**

City **LOS ANGELES** State **CA** Zip Code **90045-3926**

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

Name of Employer (for Individual) **USD** Occupation (for Individual) **SALES**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.25

Date of Receipt
10 / 26 / 2024

Transaction ID : SA11A.282652

Amount of Each Receipt this Period
260.25

Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ROBERTS, D.O., REBECCA J, , ,

Mailing Address **5147 50TH AVE W**

City **BRADENTON** State **FL** Zip Code **34210-4903**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.20

Date of Receipt
11 / 02 / 2024

Transaction ID : SA11A.284491

Amount of Each Receipt this Period
208.20

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ **2968.45**

TOTAL This Period (last page this line 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 15 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHANLEY, MICHAEL, , ,

Mailing Address **400 ALTON ROAD
UNIT 1505**

City **MIAMI BEACH** State **FL** Zip Code **33139-6745**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
11 / 01 / 2024

Transaction ID : SA11A.282742

Amount of Each Receipt this Period
75000.00

Memo Item
CONTRIBUTION

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

Mailing Address **8689 W CHARLESTON BLVD**

City **LAS VEGAS** State **NV** Zip Code **89117-5519**

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

Name of Employer (for Individual) **PECCOLE ENTERPRISES** Occupation (for Individual) **CONTROLLER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.20

Date of Receipt
10 / 28 / 2024

Transaction ID : SA11A.282602

Amount of Each Receipt this Period
208.20

Memo Item
CONTRIBUTION

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

Mailing Address **26584, W ORAIBI DRIVE**

City **BUCKEYE** State **AZ** Zip Code **85396-8018**

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2024

Transaction ID : SA11A.284513

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... **75458.20**

TOTAL This Period (last page this line 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 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. SPENCE, DARCI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 MARYS WAY
 City LINCOLN State MA Zip Code 01773-2410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PSYCHOTHERAPIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2024
Transaction ID : SA11A.284467
 Amount of Each Receipt this Period 250.00
 Memo Item
 CONTRIBUTION

B. TUCKER, CATHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4238 POWERS FERRY RD
 City ATLANTA State GA Zip Code 30342-3657
 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 ▼ 260.25

Date of Receipt 10 / 23 / 2024
Transaction ID : SA11A.280376
 Amount of Each Receipt this Period 260.25
 Memo Item
 CONTRIBUTION

C. UEBELHER, CASSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2202 MUNGER ST
 City HOUSTON State TX Zip Code 77023-4618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BLACKBERRY Occupation (for Individual) SOFT ENG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.51

Date of Receipt 10 / 28 / 2024
Transaction ID : SA11A.282629
 Amount of Each Receipt this Period 520.51
 Memo Item
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1030.76
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 118
(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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VALADEZ, JUSTIN, , ,

Mailing Address **4501 ARLINGTON BLVD #126**

City ARLINGTON	State VA	Zip Code 22203-2765
--------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 11 / 2024

Transaction ID : SA11A.284630

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **3560 TRASKWOOD CIRCLE**

City CINCINNATI	State OH	Zip Code 45208-1810
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 26 / 2024

Transaction ID : SA11A.282653

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION

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

Mailing Address **P O BOX 1467**

City HAYESVILLE	State NC	Zip Code 28904-1467
---------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 30 / 2024

Transaction ID : SA11A.284507

Amount of Each Receipt this Period
250.00

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 18 OF 118
<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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AAR REVOCABLE TRUST

Mailing Address 1 ROCKEFELLER PLAZA
ROOM 2500

City NEW YORK	State NY	Zip Code 10020-
------------------	-------------	--------------------

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

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

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2024

Transaction ID : SA11A.288414

Amount of Each Receipt this Period
200000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 1 ROCKEFELLER PLAZA
ROOM 2500

City NEW YORK	State NY	Zip Code 10020-2003
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2024

Transaction ID : SA11A.288415

Amount of Each Receipt this Period
200000.00

Memo Item
CONTRIBUTION

TRUST ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ANDY LEAVITT ENTERPRISES INC.

Mailing Address 405 W SIR MONTE DRIVE

City ST GEORGE	State UT	Zip Code 84770-8760
-------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼
75000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2024

Transaction ID : SA11A.280388

Amount of Each Receipt this Period
75000.00

Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	275000.00
TOTAL This Period (last page this line 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 118
(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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ELON MUSK REVOCABLE TRUST

Mailing Address 6260 E MOCKINGBIRD LANE FLOOR 2

City DALLAS	State TX	Zip Code 75214-
----------------	-------------	--------------------

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 ▼
3000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2024

Transaction ID : SA11A.288418

Amount of Each Receipt this Period
3000000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address 6260 E MOCKINGBIRD LANE FLOOR 2

City DALLAS	State TX	Zip Code 75214-2619
----------------	-------------	------------------------

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

Name of Employer (for Individual) SPACE EXPLORATION TECHNOLOGIES CORP.	Occupation (for Individual) CEO
---------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2024

Transaction ID : SA11A.288419

Amount of Each Receipt this Period
3000000.00

Memo Item
CONTRIBUTION

TRUST ATTRIBUTION

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

Mailing Address 4051 OGLETOWN STANTON ROAD, STE 30

City NEWARK	State DE	Zip Code 19713-
----------------	-------------	--------------------

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 ▼
50000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2024

Transaction ID : SA11A.288391

Amount of Each Receipt this Period
50000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional).....	3050000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 20 OF 118
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KENNETH HOWERY REVOCABLE TRUST

Mailing Address **PO BOX 10796**

City **CHICAGO** State **IL** Zip Code **60610-**

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 ▼
25000.00

Date of Receipt
10 / 17 / 2024

Transaction ID : SA11A.288416

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

Mailing Address **P.O. BOX 10796**

City **CHICAGO** State **IL** Zip Code **60610-0796**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000.00

Date of Receipt
10 / 17 / 2024

Transaction ID : SA11A.288417

Amount of Each Receipt this Period
25000.00

Memo Item
CONTRIBUTION

TRUST ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. TRINITY TILE HOLDINGS LLC

Mailing Address **4337 DARDANELLE DRIVE**

City **ORLANDO** State **FL** Zip Code **32808-3827**

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 ▼
100000.00

Date of Receipt
10 / 22 / 2024

Transaction ID : SA11A.280392

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

PARTNERSHIP ATTRIBUTION REQUESTED

SUBTOTAL of Receipts This Page (optional)..... **125000.00**

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

SCHEDULE A (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 118
	<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)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WELLNESS WAY ENTERPRISES LLC			Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2024 Transaction ID : SA11A.280387
Mailing Address 2525 W MASON LLC			Amount of Each Receipt this Period 25000.00
City GREEN BAY	State WI	Zip Code 54303-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 50000.00	PARTNERSHIP ATTRIBUTION REQUESTED
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WELLNESS WAY ENTERPRISES LLC			Date of Receipt M M / D D / Y Y Y Y 11 / 08 / 2024 Transaction ID : SA11A.284567
Mailing Address 2525 W MASON LLC			Amount of Each Receipt this Period 25000.00
City GREEN BAY	State WI	Zip Code 54303-	<input type="checkbox"/> Memo Item CONTRIBUTION
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 50000.00	PARTNERSHIP ATTRIBUTION REQUESTED
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼	
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	3657886.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 118
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN VALUES 2024

Mailing Address 307 W. 36TH ST., 11TH FLOOR

City NEW YORK	State NY	Zip Code 10018-6592
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00821439

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

Aggregate Year-to-Date ▼
2100000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 23 / 2024

Transaction ID : SA11C.280393

Amount of Each Receipt this Period
100000.00

Memo Item
CONTRIBUTION

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

Mailing Address

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

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

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100000.00
TOTAL This Period (last page this line number only).....▶	100000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 118
(check only one)

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

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)
MAHA ALLIANCE

A. PENATE KRUEHM INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5407 MARBURN AVE

City LOS ANGELES	State CA	Zip Code 90043
---------------------	-------------	-------------------

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 ▼
890.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2024

Transaction ID : SA15.22007

Amount of Each Receipt this Period
890.79

Memo Item
MEDIA PLACEMENT REFUND

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	890.79
TOTAL This Period (last page this line number only).....	890.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: CAMPBELL, CIMONE, DESTINY, . Includes fields for Full Name, Mailing Address, City (MIAMI), State (FL), Zip Code (33137), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/25/2024), FEC Identification Number (C), Transaction ID (SB21B.I2209), Amount of Each Disbursement (309.10), and Memo Item checkbox.

Form B: LYFT. Includes fields for Full Name, Mailing Address, City (SAN FRANCISCO), State (CA), Zip Code (94107), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/25/2024), FEC Identification Number (C), Transaction ID (SB21B.I2209), Amount of Each Disbursement (162.89), and Memo Item checkbox (checked).

Form C: CHOULIJIAN, RAFFE, . Includes fields for Full Name, Mailing Address, City (GLENDALE), State (CA), Zip Code (91206), Purpose of Disbursement (EVENT MANAGEMENT SERVICES), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/17/2024), FEC Identification Number (C), Transaction ID (SB21B.I2198), Amount of Each Disbursement (11100.00), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 11409.10
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. CHOULIJIAN, RAFFE, , ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 3775 SAN AUGUSTINE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2198' Amount of Each Disbursement this Period 7617.00	
City GLENDALE	State CA	Zip Code 91206	Category/ Type [REDACTED]
Purpose of Disbursement EVENT MGMT SERVICES / TRAVEL (ALL ITEMS BELOW ITEMIZATION)		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. CHOULIJIAN, RAFFE, , ,		Date of Disbursement MM / DD / YYYY 11 / 18 / 2024	
Mailing Address 3775 SAN AUGUSTINE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I21982 Amount of Each Disbursement this Period 1070.19	
City GLENDALE	State CA	Zip Code 91206	Category/ Type [REDACTED]
Purpose of Disbursement EVENT MANAGEMENT SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHOULIJIAN, RAFFE, , ,		Date of Disbursement MM / DD / YYYY 11 / 19 / 2024	
Mailing Address 3775 SAN AUGUSTINE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2198 Amount of Each Disbursement this Period 2829.81	
City GLENDALE	State CA	Zip Code 91206	Category/ Type [REDACTED]
Purpose of Disbursement EVENT MANAGEMENT SERVICES		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	11517.00
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: CHOU LIJIAN, RAFFE, , , . Includes fields for Date of Disbursement (10/17/2024), Mailing Address (3775 SAN AUGUSTINE DRIVE), City (GLENDALE, CA), Zip Code (91206), Purpose of Disbursement (TRAVEL), and Amount of Each Disbursement (4443.16).

Form B: TRUMP NATIONAL DORAL . Includes fields for Date of Disbursement (10/17/2024), Mailing Address (4400 NW 87TH AVE), City (MIAMI, FL), Zip Code (33178), Purpose of Disbursement (TRAVEL), and Amount of Each Disbursement (4443.16).

Form C: CHOU LIJIAN, RAFFE, , , . Includes fields for Date of Disbursement (10/28/2024), Mailing Address (3775 SAN AUGUSTINE DRIVE), City (GLENDALE, CA), Zip Code (91206), Purpose of Disbursement (TRAVEL / POSTAGE / DONOR GIFT), and Amount of Each Disbursement (21222.74).

SUBTOTAL of Disbursements This Page (optional) 25665.90
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DRIVE

City
FORTH WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22111

Amount of Each Disbursement this Period

[REDACTED] 177.22

Memo Item

Full Name (Last, First, Middle Initial)

B. AUSTIN CONDO HOTEL

Mailing Address 48 E AVE

City
AUSTIN

State
TX

Zip Code
78701

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I22111

Amount of Each Disbursement this Period

[REDACTED] 1125.31

Memo Item

Full Name (Last, First, Middle Initial)

C. COURTYARD BY MARRIOTT

Mailing Address 410 E 92ND ST

City
NEW YORK

State
NY

Zip Code
10128

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2212

Amount of Each Disbursement this Period

[REDACTED] 4695.94

Memo Item

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

[REDACTED] 0.00

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)
MAHA ALLIANCE

A. DELTA AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212'

Amount of Each Disbursement this Period: 6017.73

Memo Item

B. FEDEX

Full Name (Last, First, Middle Initial)

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212'

Amount of Each Disbursement this Period: 916.36

Memo Item

C. HILTON HOTELS ATLANTA AIRPORT

Full Name (Last, First, Middle Initial)

Mailing Address 1031 VIRGINIA AVE

City HAPEVILLE State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212'

Amount of Each Disbursement this Period: 2181.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. HYATT PLACE WEST PALM BEACH

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKEVIEW AVE

City W PALM BEACH State FL Zip Code 33401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212

Amount of Each Disbursement this Period: 462.17

Memo Item

B. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212

Amount of Each Disbursement this Period: 1626.91

Memo Item

C. THE UPS STORE

Full Name (Last, First, Middle Initial)

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 26 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2212

Amount of Each Disbursement this Period: 700.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: UBER. Includes fields for Full Name, Mailing Address (CORPORATE HQ, 1455 MARKET ST), City (SAN FRANCISCO), State (CA), Zip Code (94103), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (10/26/2024). Amount: 88.51.

Form B: UNITED AIRLINES. Includes fields for Full Name, Mailing Address (233 S WACKER DR., SUITE 430), City (CHICAGO), State (IL), Zip Code (60601), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (10/26/2024). Amount: 2823.31.

Form C: VANILLA GIFT. Includes fields for Full Name, Mailing Address (250 WILLIAMS ST NW # 5), City (ATLANTA), State (GA), Zip Code (30303), Purpose of Disbursement (DONOR GIFT), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (10/26/2024). Amount: 406.95.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)
MAHA ALLIANCE

A. CHOULIJIAN, RAFFE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 3775 SAN AUGUSTINE DRIVE

City GLENDALE State CA Zip Code 91206

Purpose of Disbursement TRAVEL / POSTAGE / SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 10312.44

Memo Item

B. COURTYARD BY MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 1948 SATELLITE BLVD

City DULUTH State GA Zip Code 30097

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2218c

Amount of Each Disbursement this Period: 668.92

Memo Item

C. RENAISSANCE GLENDALE HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 9495 W COYOTES BLVD

City GLENDALE State CA Zip Code 85305

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 3794.66

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	10312.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217!

Amount of Each Disbursement this Period: 1066.92

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET STREET FLOOR 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2218!

Amount of Each Disbursement this Period: 231.52

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 2891.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. UPS STORE

Full Name (Last, First, Middle Initial)

Mailing Address 3108 GLENDALE BLVD

City LOS ANGELES State CA Zip Code 90039

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 526.19

Memo Item

B. VIRGIN HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 4455 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 09 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 1098.37

Memo Item

C. HARDING, JAYLA , , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4511 WELLINGTON ROAD

City BOULDER State CO Zip Code 80301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2196

Amount of Each Disbursement this Period: 2922.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2922.09

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. HARDING, JAYLA , , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2024
Mailing Address 4511 WELLINGTON ROAD		FEC Identification Number C
City BOULDER	State CO	Zip Code 80301
Purpose of Disbursement FUNDRAISING CONSULTING		Transaction ID : SB21B.I2196
Candidate Name		Amount of Each Disbursement this Period 5077.91
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. HARDING, JAYLA , , ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address 4511 WELLINGTON ROAD		FEC Identification Number C
City BOULDER	State CO	Zip Code 80301
Purpose of Disbursement FOOD / BEVERAGE / TRAVEL		Transaction ID : SB21B.I2210C
Candidate Name		Amount of Each Disbursement this Period 467.90
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. UBER		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address CORPORATE HQ 1455 MARKET ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement TRAVEL		Transaction ID : SB21B.I2210
Candidate Name		Amount of Each Disbursement this Period 154.14
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5545.81
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 233 S WACKER DR.
SUITE 430

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2210f

Amount of Each Disbursement this Period: 108.00

Memo Item

B. HARDING, JAYLA , , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4511 WELLINGTON ROAD

City BOULDER State CO Zip Code 80301

Purpose of Disbursement TRAVEL / FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2210f

Amount of Each Disbursement this Period: 347.50

Memo Item

C. RENAISSANCE GLENDALE HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 9495 W COYOTES BLVD

City GLENDALE State CA Zip Code 85305

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2211

Amount of Each Disbursement this Period: 18.19

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 347.50

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. UBER

Full Name (Last, First, Middle Initial)

Mailing Address CORPORATE HQ
1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2211'

Amount of Each Disbursement this Period: 143.92

Memo Item

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 233 S WACKER DR.
SUITE 430

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2210'

Amount of Each Disbursement this Period: 100.00

Memo Item

C. HARRIS, SHAWNEE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 251 ELM ROAD

City NEWBURY PARK State CA Zip Code 93120

Purpose of Disbursement EVENT MANAGEMENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2198

Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: HARRIS, SHAWNEE, , , . Includes fields for Date of Disbursement (11/10/2024), Mailing Address (251 ELM ROAD), City (NEWBURY PARK), State (CA), Zip Code (93120), Purpose of Disbursement (EVENT MANAGEMENT SERVICES), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (5000.00).

Form B: HARRIS, SHAWNEE, , , . Includes fields for Date of Disbursement (11/11/2024), Mailing Address (251 ELM ROAD), City (NEWBURY PARK), State (CA), Zip Code (93120), Purpose of Disbursement (TRAVEL / FOOD / BEVERAGE), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (1703.58).

Form C: DELTA AIRLINES. Includes fields for Date of Disbursement (11/11/2024), Mailing Address (1030 DELTA BLVD), City (ATLANTA), State (GA), Zip Code (30354), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (160.00).

SUBTOTAL of Disbursements This Page (optional) 6703.58
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. HILTON HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 1031 VIRGINIA AVE

City HAPEVILLE State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2213

Amount of Each Disbursement this Period: 299.01

Memo Item

B. LYFT

Full Name (Last, First, Middle Initial)

Mailing Address 185 BERRY ST SUITE 400 SUITE 400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2213

Amount of Each Disbursement this Period: 341.98

Memo Item

C. RENAISSANCE GLENDALE HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 9495 W COYOTES BLVD

City GLENDALE State CA Zip Code 85305

Purpose of Disbursement TRAVEL / FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2213

Amount of Each Disbursement this Period: 171.51

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I22131

Amount of Each Disbursement this Period: 563.96

Memo Item

B. HARRIS, SHAWNEE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 251 ELM ROAD

City NEWBURY PARK State CA Zip Code 93120

Purpose of Disbursement FOOD / BEVERAGE / TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I22131

Amount of Each Disbursement this Period: 2922.09

Memo Item

C. DELTA AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2214

Amount of Each Disbursement this Period: 1197.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2922.09

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. DOOR DASH		Date of Disbursement MM / DD / YYYY 10 / 17 / 2024
Mailing Address 901 MARKET ST 6TH FLOOR		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2214I
City SAN FRANCISCO	State CA	Zip Code 94103
Purpose of Disbursement FOOD / BEVERAGE		Amount of Each Disbursement this Period [REDACTED] 37.45
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON WEST PALM BEACH		Date of Disbursement MM / DD / YYYY 10 / 17 / 2024
Mailing Address 3775 SAN AUGUSTINE DRIVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2214I
City GLENDALE	State CA	Zip Code 91206
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 260.00
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. HYATT REGENCY CORAL GABLES		Date of Disbursement MM / DD / YYYY 10 / 17 / 2024
Mailing Address 50 ALHAMBRA PLAZA		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2214I
City CORAL GABLES	State FL	Zip Code 33134
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period [REDACTED] 322.48
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 checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 0.00
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)
MAHA ALLIANCE

A. TRUMP NATIONAL DORAL

Full Name (Last, First, Middle Initial)
Mailing Address 4400 NW 87TH AVE

City MIAMI State FL Zip Code 33178

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2214'

Amount of Each Disbursement this Period: 952.00

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)
Mailing Address CORPORATE HQ
1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2214'

Amount of Each Disbursement this Period: 20.52

Memo Item

C. HARRIS, SHAWNEE, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 251 ELM ROAD

City NEWBURY PARK State CA Zip Code 93120

Purpose of Disbursement
PRINTING / SIGN SUPPLIES / TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2214'

Amount of Each Disbursement this Period: 857.13

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 857.13

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)
MAHA ALLIANCE

A. CVS

Full Name (Last, First, Middle Initial)

Mailing Address 802 S MILL AVE

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement PRINTING / SIGN SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2214I

Amount of Each Disbursement this Period: 332.56

Memo Item

B. LYFT

Full Name (Last, First, Middle Initial)

Mailing Address 185 BERRY ST SUITE 400 SUITE 400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2215C

Amount of Each Disbursement this Period: 21.32

Memo Item

C. OMNI HOTEL

Full Name (Last, First, Middle Initial)

Mailing Address 7 EAST UNIVERSITY DRIVE

City TEMPE State AZ Zip Code 85281

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2215

Amount of Each Disbursement this Period: 309.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. STAPLES

Full Name (Last, First, Middle Initial)

Mailing Address 500 STAPLES DRIVE

City FRAMINGHAM State MA Zip Code 01702

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2214!

Amount of Each Disbursement this Period: 122.63

Memo Item

B. HAWTHORNE, RAYDON, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1258 DEERPARK DRIVE
APT 129

City FULLERTON State CA Zip Code 92831

Purpose of Disbursement
CHILD CARE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 22 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21984

Amount of Each Disbursement this Period: 4200.00

Memo Item

C. KLETT, ALEX, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 520 RIDGE DRIVE

City MAZOMANIE State WI Zip Code 53560

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2191

Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 14200.00

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)
MAHA ALLIANCE

A. Full Name (Last, First, Middle Initial)
KLETT, ALEX, , ,

Mailing Address 520 RIDGE DRIVE

City MAZOMANIE State WI Zip Code 53560

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 19 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2191
Amount of Each Disbursement this Period: 6000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KLETT, ALEX, , ,

Mailing Address 520 RIDGE DRIVE

City MAZOMANIE State WI Zip Code 53560

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22012
Amount of Each Disbursement this Period: 6000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KLETT, ALEX, , ,

Mailing Address 520 RIDGE DRIVE

City MAZOMANIE State WI Zip Code 53560

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2218
Amount of Each Disbursement this Period: 403.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12403.34

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: KLETT, ALEX, , ,
Mailing Address 520 RIDGE DRIVE
City MAZOMANIE, State WI, Zip Code 53560
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Amount of Each Disbursement this Period 6941.76

Form B: AMERICAN AIRLINES
Mailing Address 1 SKYVIEW DRIVE
City FORTH WORTH, State TX, Zip Code 76155
Purpose of Disbursement TRAVEL
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Amount of Each Disbursement this Period 532.96

Form C: COURTYARD BY MARRIOTT
Mailing Address 11 MONROE AVE NW
City GRAND RAPIDS, State MI, Zip Code 49503
Purpose of Disbursement TRAVEL
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other (specify)
Amount of Each Disbursement this Period 477.35

SUBTOTAL of Disbursements This Page (optional) 6941.76
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: DELTA AIRLINES. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/28/2024), FEC Identification Number, Transaction ID (SB21B.I2219), Amount (1977.79), and Memo Item checkbox.

Form B: HOLIDAY INN ATLANTA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/28/2024), FEC Identification Number, Transaction ID (SB21B.I2218), Amount (560.63), and Memo Item checkbox.

Form C: INTERCONTINENTAL WASHINGTON DC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/28/2024), FEC Identification Number, Transaction ID (SB21B.I2218), Amount (1041.26), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. JW MARRIOTT		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address 235 LOUIS ST NW		FEC Identification Number C Transaction ID : SB21B.I2219 Amount of Each Disbursement this Period 383.85
City GRAND RAPIDS	State MI	
Zip Code 49503		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" 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. UBER		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address 1455 MARKET STREET FLOOR 4		FEC Identification Number C Transaction ID : SB21B.I2219 Amount of Each Disbursement this Period 372.12
City SAN FRANCISCO	State CA	
Zip Code 94103		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" 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. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address 233 SOUTH WACKER DRIVE		FEC Identification Number C Transaction ID : SB21B.I2218 Amount of Each Disbursement this Period 938.12
City CHICAGO	State IL	
Zip Code 60606		Category/ Type
Purpose of Disbursement TRAVEL		
Candidate Name		Memo Item <input checked="" 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).....▶	0.00
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)
MAHA ALLIANCE

A. WYNDHAM DEERFIELD BEACH RESORT

Full Name (Last, First, Middle Initial)

Mailing Address 2096 NE 2ND STREET

City DEERFIELD BEACH State FL Zip Code 33441

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2219!

Amount of Each Disbursement this Period: 507.21

Memo Item

B. KYRIAKOU, NIKOLAOS, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5188 DYSARTSVILLE ROAD

City MORGANTON State NC Zip Code 28655

Purpose of Disbursement VIDEO PRODUCTION SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21971

Amount of Each Disbursement this Period: 5000.00

Memo Item

C. PITTI, CHRISTIAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 188 LA PAZ PLACE

City CEDAR CREEK State TX Zip Code 78612

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED 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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. PITTI, CHRISTIAN, , ,		Date of Disbursement MM / DD / YYYY 10 / 25 / 2024	
Mailing Address 188 LA PAZ PLACE			
City CEDAR CREEK	State TX	Zip Code 78612	
Purpose of Disbursement MEDIA CONSULTING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.I2194 Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item	
State: District:			

Full Name (Last, First, Middle Initial) B. PITTI, CHRISTIAN, , ,		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 188 LA PAZ PLACE			
City CEDAR CREEK	State TX	Zip Code 78612	
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE / PRINTING		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.I2206 Amount of Each Disbursement this Period 2352.05	
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. INTERCONTINENTAL HOTEL		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024	
Mailing Address 804 WHARF ST SW			
City WASHINGTON	State DC	Zip Code 20024	
Purpose of Disbursement TRAVEL		<input type="checkbox"/> Category/Type	
Candidate Name		FEC Identification Number C Transaction ID : SB21B.I2207 Amount of Each Disbursement this Period 811.94	
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 checked="" type="checkbox"/> Memo Item	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	7352.05
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. INTERCONTINENTAL HOTEL

Mailing Address 804 WHARF ST SW

City
WASHINGTON

State
DC

Zip Code
20024

Purpose of Disbursement
TRAVEL

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
10			28			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2207

Amount of Each Disbursement this Period

[REDACTED] 90.22

Memo Item

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address CORPORATE HQ
1455 MARKET ST

City
SAN FRANCISCO

State
CA

Zip Code
94103

Purpose of Disbursement
TRAVEL

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
10			28			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2207

Amount of Each Disbursement this Period

[REDACTED] 182.51

Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 S WACKER DR.
SUITE 430

City
CHICAGO

State
IL

Zip Code
60601

Purpose of Disbursement
TRAVEL

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
10			28			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2207

Amount of Each Disbursement this Period

[REDACTED] 1068.93

Memo Item

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

[REDACTED] 0.00

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)
MAHA ALLIANCE

A. PITTI, CHRISTIAN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 188 LA PAZ PLACE

City CEDAR CREEK State TX Zip Code 78612

Purpose of Disbursement TRAVEL / FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2208

Amount of Each Disbursement this Period: 3615.06

Memo Item

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 1 SKYVIEW DRIVE

City FORTH WORTH State TX Zip Code 76155

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2208

Amount of Each Disbursement this Period: 1113.09

Memo Item

C. JW MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 235 LOUIS ST NW

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2208

Amount of Each Disbursement this Period: 388.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3615.06

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: SOUTHWEST AIRLINES. Includes fields for Full Name, Mailing Address (2702 LOVE FIELD DRIVE), City (DALLAS), State (TX), Zip Code (75235), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/13/2024), FEC Identification Number, Transaction ID (SB21B.I2208), Amount of Each Disbursement (1521.89), and Memo Item checkbox.

Form B: UBER. Includes fields for Full Name, Mailing Address (CORPORATE HQ, 1455 MARKET ST), City (SAN FRANCISCO), State (CA), Zip Code (94103), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/13/2024), FEC Identification Number, Transaction ID (SB21B.I2208), Amount of Each Disbursement (131.15), and Memo Item checkbox.

Form C: VIRGIN HOTEL. Includes fields for Full Name, Mailing Address (4455 PARADISE RD), City (LAS VEGAS), State (NV), Zip Code (89169), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/13/2024), FEC Identification Number, Transaction ID (SB21B.I2209), Amount of Each Disbursement (291.23), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: POST, EMMA, , ,
Mailing Address 2046 WALNUT AVE
City VENICE State CA Zip Code 90291
Purpose of Disbursement COMMUNICATIONS CONSULTING
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period 4000.00

Form B: POST, EMMA, , ,
Mailing Address 2046 WALNUT AVE
City VENICE State CA Zip Code 90291
Purpose of Disbursement TRAVEL
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period 129.76

Form C: LYFT
Mailing Address 185 BERRY ST SUITE 400 SUITE 400
City SAN FRANCISCO State CA Zip Code 94107
Purpose of Disbursement TRAVEL
Candidate Name
Office Sought: House, Senate, President
Disbursement For: Primary, General, Other
Amount of Each Disbursement this Period 129.76
Memo Item checked

SUBTOTAL of Disbursements This Page (optional) 4129.76
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. RASMUSSEN, BRIGID, , ,		Date of Disbursement MM / DD / YYYY 10 / 30 / 2024
Mailing Address 1441 VETERAN AVE APT 222		FEC Identification Number C Transaction ID : SB21B.I2192! Amount of Each Disbursement this Period 17000.00
City LOS ANGELES	State CA	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RASMUSSEN, BRIGID, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2024
Mailing Address 1441 VETERAN AVE APT 222		FEC Identification Number C Transaction ID : SB21B.I2193! Amount of Each Disbursement this Period 2750.00
City LOS ANGELES	State CA	
Purpose of Disbursement FUNDRAISING CONSULTING		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RASMUSSEN, BRIGID, , ,		Date of Disbursement MM / DD / YYYY 10 / 17 / 2024
Mailing Address 1441 VETERAN AVE APT 222		FEC Identification Number C Transaction ID : SB21B.I2202 Amount of Each Disbursement this Period 618.99
City LOS ANGELES	State CA	
Purpose of Disbursement COMPUTER EQUIPMENT		Memo Item <input type="checkbox"/>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	20368.99
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)
MAHA ALLIANCE

A. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address 10799 WASHINGTON BLVD

City CULVER CITY State CA Zip Code 90232

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22027

Amount of Each Disbursement this Period: 618.99

Memo Item

B. RASMUSSEN, BRIGID, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1441 VETERAN AVE
APT 222

City LOS ANGELES State CA Zip Code 90024

Purpose of Disbursement
PRINTING / TRAVEL / POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22027

Amount of Each Disbursement this Period: 2724.71

Memo Item

C. EXPEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 1111 EXPEDIA GROUP WAY W

City SEATTLE State WA Zip Code 98119

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22027

Amount of Each Disbursement this Period: 526.90

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2724.71

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)
MAHA ALLIANCE

A. EXPEDIA

Full Name (Last, First, Middle Initial)

Mailing Address 1111 EXPEDIA GROUP WAY W

City SEATTLE State WA Zip Code 98119

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2203

Amount of Each Disbursement this Period: 411.73

Memo Item

B. IMPRINT

Full Name (Last, First, Middle Initial)

Mailing Address 14550 BEECHNUT ST

City HOUSTON State TX Zip Code 77083

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2202

Amount of Each Disbursement this Period: 217.72

Memo Item

C. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 233 S WACKER DR. SUITE 430

City CHICAGO State IL Zip Code 60601

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2203

Amount of Each Disbursement this Period: 1400.39

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: RASMUSSEN, BRIGID, , , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: DOORDASH. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: ETCH RESTARAUNT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. EXPEDIA

Full Name (Last, First, Middle Initial)
Mailing Address 1111 EXPEDIA GROUP WAY W

City SEATTLE State WA Zip Code 98119

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22037
Amount of Each Disbursement this Period: 532.59

Memo Item

B. GODADDY

Full Name (Last, First, Middle Initial)
Mailing Address 2155 E GODADDY WAY

City TAMPE State AZ Zip Code 85284

Purpose of Disbursement WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22037
Amount of Each Disbursement this Period: 436.85

Memo Item

C. GOOGLE WORKSPACE

Full Name (Last, First, Middle Initial)
Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEBSITE SERVICES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I22037
Amount of Each Disbursement this Period: 266.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: HARPERS NASHVILLE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (FOOD/BEVERAGE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/30/2024), FEC Identification Number, Transaction ID (SB21B.I2203), Amount (530.95), and Memo Item checkbox.

Form B: HYATT - NASHVILLE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/30/2024), FEC Identification Number, Transaction ID (SB21B.I2204), Amount (838.71), and Memo Item checkbox.

Form C: MAKESTICKERS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (DONOR MEMENTOS), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (10/30/2024), FEC Identification Number, Transaction ID (SB21B.I2204), Amount (791.72), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. OLD EBBITT GRILL

Mailing Address 675 15TH ST NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
FOOD/BEVERAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2204

Amount of Each Disbursement this Period

[REDACTED] 781.56

Memo Item

Full Name (Last, First, Middle Initial)

B. RASMUSSEN, BRIGID, , ,

Mailing Address 1441 VETERAN AVE
APT 222

City
LOS ANGELES

State
CA

Zip Code
90024

Purpose of Disbursement
TRAVEL / SUPPLIES / POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2204

Amount of Each Disbursement this Period

[REDACTED] 10069.02

Memo Item

Full Name (Last, First, Middle Initial)

C. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City
ATLANTA

State
GA

Zip Code
30354

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2204

Amount of Each Disbursement this Period

[REDACTED] 308.48

Memo Item

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

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

[REDACTED] 10069.02

[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)

MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. DOOR DASH

Mailing Address 901 MARKET ST
6TH FLOOR

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
SUPPLIES

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2024

FEC Identification Number

C
Transaction ID : SB21B.I2204!
Amount of Each Disbursement this Period
223.67

Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD

City MEMPHIS State TN Zip Code 38120

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
11 / 08 / 2024

FEC Identification Number

C
Transaction ID : SB21B.I2205C
Amount of Each Disbursement this Period
775.77

Memo Item

Full Name (Last, First, Middle Initial)

C. GAS SOUTH ARENA

Mailing Address 6400 SUGARLOAF PKWY

City DULUTH State GA Zip Code 30097

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2024

FEC Identification Number

C
Transaction ID : SB21B.I2205
Amount of Each Disbursement this Period
1114.18

Memo Item

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

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

0.00

SCHEDULE B (FEC Form 3X) ITEMIZED 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)
MAHA ALLIANCE

A. HILTON GARDEN HOTELS

Full Name (Last, First, Middle Initial)

Mailing Address 275 BAKER ST NW

City ATLANTA State GA Zip Code 30313

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2205

Amount of Each Disbursement this Period: 1447.34

Memo Item

B. HYATT PB

Full Name (Last, First, Middle Initial)

Mailing Address 295 LAKEVIEW AVE

City W PALM BEACH State FL Zip Code 33401

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2205

Amount of Each Disbursement this Period: 1218.00

Memo Item

C. INSTACART

Full Name (Last, First, Middle Initial)

Mailing Address 330 N BRAND BLVD SUITE 700

City GLENDALE State CA Zip Code 91203

Purpose of Disbursement SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2205

Amount of Each Disbursement this Period: 430.34

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: JET BLUE. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I2206), Amount of Each Disbursement (399.20), and Memo Item checkbox.

Form B: KLAVIYO. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (SOFTWARE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I2206), Amount of Each Disbursement (400.00), and Memo Item checkbox.

Form C: LYFT. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I2205), Amount of Each Disbursement (343.79), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: STAPLES. Includes fields for Full Name, Mailing Address (500 STAPLES DRIVE), City (FRAMINGHAM), State (MA), Zip Code (01702), Purpose (PRINTING), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I22061), Amount (149.95), and Memo Item checkbox.

Form B: THE UPS STORE. Includes fields for Full Name, Mailing Address (55 GLENLAKE PARKWAY NE), City (ATLANTA), State (GA), Zip Code (30328), Purpose (POSTAGE), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I22065), Amount (516.74), and Memo Item checkbox.

Form C: UBER. Includes fields for Full Name, Mailing Address (CORPORATE HQ, 1455 MARKET ST), City (SAN FRANCISCO), State (CA), Zip Code (94103), Purpose (TRAVEL), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/08/2024), FEC Identification Number, Transaction ID (SB21B.I2204), Amount (1014.84), and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: UNITED AIRLINES. Includes fields for Mailing Address (233 S WACKER DR. SUITE 430), City (CHICAGO), State (IL), Zip Code (60601), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (11/08/2024). Amount: 354.41.

Form B: UNLV CATERING. Includes fields for Mailing Address (4505 S MARYLAND PARKWAY), City (LAS VEGAS), State (NV), Zip Code (89154), Purpose of Disbursement (FOOD/BEVERAGE), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (11/08/2024). Amount: 486.80.

Form C: YARD HOUSE. Includes fields for Mailing Address (8367 INTERNATIONAL DR), City (ORLANDO), State (FL), Zip Code (32819), Purpose of Disbursement (FOOD/BEVERAGE), Candidate Name, Office Sought, Disbursement For, and Date of Disbursement (11/08/2024). Amount: 446.15.

SUBTOTAL of Disbursements This Page (optional) 0.00
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)
MAHA ALLIANCE

A. RODRIGUEZ, TIARA, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 557 OAK STREET

City PORT MONMOUTH State NJ Zip Code 07758

Purpose of Disbursement GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2199

Amount of Each Disbursement this Period: 2800.00

Memo Item

B. SCHERRER, JAMES, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 662

City NIWOT State CO Zip Code 80544

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2196c

Amount of Each Disbursement this Period: 2275.00

Memo Item

C. SCHERRER, JAMES, , ,

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 662

City NIWOT State CO Zip Code 80544

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2196

Amount of Each Disbursement this Period: 10000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15075.00

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. SCHERRER, JAMES, , ,

Mailing Address P.O. BOX 662

City
NIWOT

State
CO

Zip Code
80544

Purpose of Disbursement
TRAVEL / SUPPLIES / FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
11			11			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2216'

Amount of Each Disbursement this Period

[REDACTED] 11155.39

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DRIVE

City
FORTH WORTH

State
TX

Zip Code
76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2216'

Amount of Each Disbursement this Period

[REDACTED] 2897.21

Memo Item

Full Name (Last, First, Middle Initial)

C. CANOPY HOTELS WEST PALM

Mailing Address 380 TRINITY PLACE

City
WEST PALM BEACH

State
FL

Zip Code
33401

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2216'

Amount of Each Disbursement this Period

[REDACTED] 1190.73

Memo Item

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

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

[REDACTED] 11155.39

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. KASSI BEACH CLUB

Full Name (Last, First, Middle Initial)

Mailing Address 4455 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2216

Amount of Each Disbursement this Period: 831.11

Memo Item

B. LYFT

Full Name (Last, First, Middle Initial)

Mailing Address 185 BERRY ST SUITE 400 SUITE 400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217C

Amount of Each Disbursement this Period: 1386.16

Memo Item

C. NOBU LAS VEGAS

Full Name (Last, First, Middle Initial)

Mailing Address 4455 PARADISE ROAD

City LAS VEGAS State NV Zip Code 89169

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2216

Amount of Each Disbursement this Period: 423.89

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. RAINDANCER

Full Name (Last, First, Middle Initial)

Mailing Address 2300 PALM BEACH LAKES BLVD

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2216

Amount of Each Disbursement this Period: 2000.91

Memo Item

B. UBER

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET STREET FLOOR 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 1262.56

Memo Item

C. UBER EATS

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET STREET FLOOR 4

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 11 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2217

Amount of Each Disbursement this Period: 712.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
MAHA ALLIANCE

A. SCHNER, CHARLES, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17753

City BEVERLY HILLS State CA Zip Code 90209

Purpose of Disbursement VIDEO PRODUCTIONS SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period: 1202.99

Memo Item

B. THOMPSON, TRAMELL, , , (VENDOR)

Full Name (Last, First, Middle Initial)

Mailing Address 91 LENOX ROAD 2-C

City BROOKLYN State NY Zip Code 11226

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I22153

Amount of Each Disbursement this Period: 1012.30

Memo Item

C. COURTYARD BY MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 1948 SATELLITE BLVD

City DULUTH State GA Zip Code 30097

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2215

Amount of Each Disbursement this Period: 769.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2215.29

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)
MAHA ALLIANCE

A. LYFT

Full Name (Last, First, Middle Initial)

Mailing Address 185 BERRY ST SUITE 400
SUITE 400

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2215

Amount of Each Disbursement this Period: 242.36

Memo Item

B. ALL THE COLORS AGENCY

Full Name (Last, First, Middle Initial)

Mailing Address 3923 N WOLF CREEK DRIVE
#1119

City EDEN State UT Zip Code 84310

Purpose of Disbursement DIGITAL MARKETING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 10 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2191

Amount of Each Disbursement this Period: 7000.00

Memo Item

C. ANEDOT

Full Name (Last, First, Middle Initial)

Mailing Address 1920 MCKINNEY AVE
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2191

Amount of Each Disbursement this Period: 100.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7100.30

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. ANEDOT

Date of Disbursement

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

Mailing Address 1920 MCKINNEY AVE
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement
CREDIT CARD PROCESSING FEE

FEC Identification Number

C []

Transaction ID : SB21B.I21921
Amount of Each Disbursement this Period

[] 120.30

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. ASYMPTOTE, LLC

Date of Disbursement

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

Mailing Address 30 N GOULD ST R

City SHERIDAN State WY Zip Code 82801

Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C []

Transaction ID : SB21B.I21921
Amount of Each Disbursement this Period

[] 177000.00

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. ASYMPTOTE, LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	2	4

Mailing Address 30 N GOULD ST R

City SHERIDAN State WY Zip Code 82801

Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C []

Transaction ID : SB21B.I21921
Amount of Each Disbursement this Period

[] 210000.00

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)..... ▶

[] 387120.30

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b through 30b with checkboxes.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: AZTLAN TRADING COMPANY. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: AZTLAN TRADING COMPANY. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: BEANFIELD PRODUCTIONS INC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and 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)
MAHA ALLIANCE

A. BIG TRUTH INC.

Full Name (Last, First, Middle Initial)

Mailing Address 23600 PEDERNALES CANYON TRAIL

City SPICEWOOD State TX Zip Code 78669

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21927

Amount of Each Disbursement this Period: 29225.00

Memo Item

B. BIG TRUTH INC.

Full Name (Last, First, Middle Initial)

Mailing Address 23600 PEDERNALES CANYON TRAIL

City SPICEWOOD State TX Zip Code 78669

Purpose of Disbursement MANAGEMENT CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 07 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21927

Amount of Each Disbursement this Period: 20000.00

Memo Item

C. BIG TRUTH INC.

Full Name (Last, First, Middle Initial)

Mailing Address 23600 PEDERNALES CANYON TRAIL

City SPICEWOOD State TX Zip Code 78669

Purpose of Disbursement PHOTOGRAPHY SERVICES / TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21927

Amount of Each Disbursement this Period: 24614.18

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 73839.18

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2193'

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21932

Amount of Each Disbursement this Period

150.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2193

Amount of Each Disbursement this Period

50.00

Memo Item

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

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

225.00

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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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 24 / 2024
Mailing Address 1445 A - LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2193
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 25 / 2024
Mailing Address 1445 A - LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2193
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 50.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 10 / 28 / 2024
Mailing Address 1445 A - LAUGHLIN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2193
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period [REDACTED] 75.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 150.00
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)
MAHA ALLIANCE

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2193

Amount of Each Disbursement this Period: 25.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2193

Amount of Each Disbursement this Period: 50.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2193

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 100.00

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)
MAHA ALLIANCE

A. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I21941

Amount of Each Disbursement this Period: 25.00

Memo Item

B. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I21941

Amount of Each Disbursement this Period: 75.00

Memo Item

C. CHAIN BRIDGE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 06 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I21941

Amount of Each Disbursement this Period: 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.00

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)

MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	8			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2194

Amount of Each Disbursement this Period

[REDACTED] 2.50

Memo Item

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

[REDACTED] 52.50

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 11 / 08 / 2024
Mailing Address PO BOX 6930		FEC Identification Number C [] Transaction ID : SB21B.I22157 Amount of Each Disbursement this Period 6653.97
City MCLEAN	State VA	Zip Code 22106
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE		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. DESERT DIAMOND ARENA		Date of Disbursement MM / DD / YYYY 11 / 08 / 2024
Mailing Address 9400 W MARYLAND AVE		FEC Identification Number C [] Transaction ID : SB21B.I22157 Amount of Each Disbursement this Period 4160.00
City GLENDALE	State AZ	Zip Code 85305
Purpose of Disbursement TRAVEL		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 checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LEVY RESTAURANTS		Date of Disbursement MM / DD / YYYY 11 / 08 / 2024
Mailing Address 9400 W MARYLAND AVE		FEC Identification Number C [] Transaction ID : SB21B.I22157 Amount of Each Disbursement this Period 1963.21
City GLENDALE	State AZ	Zip Code 85305
Purpose of Disbursement FOOD/BEVERAGE		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 checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6653.97
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. RENAISSANCE GLENDALE

Mailing Address 9495 W ENTERTAINMENT BLVD

City
GLENDALE

State
AZ

Zip Code
85305

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

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
11		08		2024

FEC Identification Number

C

Transaction ID : SB21B.I22151

Amount of Each Disbursement this Period

330.76

Memo Item

Full Name (Last, First, Middle Initial)

B. CISION US INC.

Mailing Address 1785 GREENSBORO STATION
8TH FL

City
MCLEAN

State
VA

Zip Code
22102

Purpose of Disbursement
DIGITAL MARKETING CONSULTING

Candidate Name

Category/
Type

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
11		11		2024

FEC Identification Number

C

Transaction ID : SB21B.I21950

Amount of Each Disbursement this Period

2970.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 611 PENNSYLVANIA AVE SE
STE 267

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

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
10		28		2024

FEC Identification Number

C

Transaction ID : SB21B.I21950

Amount of Each Disbursement this Period

7637.50

Memo Item

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

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

10607.50

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)
MAHA ALLIANCE

A. CROSBY OTTENHOFF GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 611 PENNSYLVANIA AVE SE
STE 267

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 22 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2195

Amount of Each Disbursement this Period: 26143.75

Memo Item

B. GOLDEN RATION STUDIOS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 113 MYSTIC QUARTZ LANE

City HOLLY SPRINGS State NC Zip Code 27540

Purpose of Disbursement
GRAPHIC DESIGN

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 12 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21954

Amount of Each Disbursement this Period: 684.00

Memo Item

C. GREAT EXPANSE CO

Full Name (Last, First, Middle Initial)

Mailing Address 1425 HILLSIDE DRIVE

City SPEARFISH State SD Zip Code 57783

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 08 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2195

Amount of Each Disbursement this Period: 10500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 37327.75

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)
MAHA ALLIANCE

A. HOLISTIC CONSULTING COLLECTIVE

Full Name (Last, First, Middle Initial)

Mailing Address 10803 SENTINEL DRIVE

City AUSTIN State TX Zip Code 78747

Purpose of Disbursement VIDEO PRODUCTIONS SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21957

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. HOLTZMAN VOGEL, PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City HAYMARKET State VA Zip Code 20169-3055

Purpose of Disbursement LEGAL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21957

Amount of Each Disbursement this Period: 119632.50

Memo Item

C. HOLTZMAN VOGEL, PLLC

Full Name (Last, First, Middle Initial)

Mailing Address 15405 JOHN MARSHALL HIGHWAY

City HAYMARKET State VA Zip Code 20169-3055

Purpose of Disbursement LEGAL FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21957

Amount of Each Disbursement this Period: 3822.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 124955.00

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)
MAHA ALLIANCE

A. INTERCONTINENTAL WASHINGTON DC

Full Name (Last, First, Middle Initial)

Mailing Address 801 WHARF STREET SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2195!

Amount of Each Disbursement this Period: 8116.81

Memo Item

B. LATINO WALL STREET

Full Name (Last, First, Middle Initial)

Mailing Address 1835 NE MIAMI GARDENS DRIVE SUITE 440

City MIAMI State FL Zip Code 33179

Purpose of Disbursement MEDIA CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21964

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. LITTLE TOOTH LLC

Full Name (Last, First, Middle Initial)

Mailing Address 7707 LIBRETTO LANE

City AUSTIN State TX Zip Code 78744

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2196

Amount of Each Disbursement this Period: 2633.96

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11750.77

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. LITTLE TOOTH LLC

Mailing Address 7707 LIBRETTO LANE

City
AUSTIN

State
TX

Zip Code
78744

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21967

Amount of Each Disbursement this Period

[REDACTED] 3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LITTLE TOOTH LLC

Mailing Address 7707 LIBRETTO LANE

City
AUSTIN

State
TX

Zip Code
78744

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21967

Amount of Each Disbursement this Period

[REDACTED] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LITTLE TOOTH LLC

Mailing Address 7707 LIBRETTO LANE

City
AUSTIN

State
TX

Zip Code
78744

Purpose of Disbursement
MEDIA CONSULTING SERVICES

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I21967

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

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

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

[REDACTED] 17500.00

[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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. LITTLE TOOTH LLC		Date of Disbursement MM / DD / YYYY 11 / 10 / 2024
Mailing Address 7707 LIBRETTO LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2196!
City AUSTIN	State TX	Zip Code 78744
Purpose of Disbursement MEDIA CONSULTING SERVICES / FOOD / BEVERAGE / TRAVEL		Amount of Each Disbursement this Period 5240.04
Candidate Name		<input type="checkbox"/> Memo Item
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. LITTLE TOOTH LLC		Date of Disbursement MM / DD / YYYY 11 / 15 / 2024
Mailing Address 7707 LIBRETTO LANE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2197!
City AUSTIN	State TX	Zip Code 78744
Purpose of Disbursement MEDIA CONSULTING SERVICES		Amount of Each Disbursement this Period 300.00
Candidate Name		<input type="checkbox"/> Memo Item
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. ON SITE LOCATIONS		Date of Disbursement MM / DD / YYYY 11 / 01 / 2024
Mailing Address 5407 MARBURN AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2197
City LOS ANGELES	State CA	Zip Code 90043
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 401.82
Candidate Name		<input type="checkbox"/> Memo Item
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).....▶	5941.86
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: OUTSIDEIN STRATEGIES INC. Includes fields for Name, Address, Date of Disbursement (11/07/2024), Purpose (ADMINISTRATIVE CONSULTING), Amount (7500.00), and Category.

Form B: PENATE KRUEH INC. Includes fields for Name, Address, Date of Disbursement (10/31/2024), Purpose (TRAVEL), Amount (442.18), and Category.

Form C: PENATE KRUEH INC. Includes fields for Name, Address, Date of Disbursement (11/05/2024), Purpose (MEDIA PLACEMENT), Amount (25625.00), and Category.

SUBTOTAL of Disbursements This Page (optional) 33567.18
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)
MAHA ALLIANCE

A. PRINTEFEX INC

Full Name (Last, First, Middle Initial)

Mailing Address 401 W LOS FELIZ ROAD
UNIT C

City GLENDALE State CA Zip Code 91204

Purpose of Disbursement DONOR MEMENTOS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2197f

Amount of Each Disbursement this Period: 1532.48

Memo Item

B. PRINTEFEX INC

Full Name (Last, First, Middle Initial)

Mailing Address 401 W LOS FELIZ ROAD
UNIT C

City GLENDALE State CA Zip Code 91204

Purpose of Disbursement DONOR MEMENTOS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2197f

Amount of Each Disbursement this Period: 496.13

Memo Item

C. PRINTEFEX INC

Full Name (Last, First, Middle Initial)

Mailing Address 401 W LOS FELIZ ROAD
UNIT C

City GLENDALE State CA Zip Code 91204

Purpose of Disbursement DONOR MEMENTOS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2197f

Amount of Each Disbursement this Period: 606.38

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2634.99

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)
MAHA ALLIANCE

A. PRINTEFEX INC

Full Name (Last, First, Middle Initial)

Mailing Address 401 W LOS FELIZ ROAD
UNIT C

City GLENDALE State CA Zip Code 91204

Purpose of Disbursement
EVENT EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2197
Amount of Each Disbursement this Period: 429.98

Memo Item

B. PRINTEFEX INC

Full Name (Last, First, Middle Initial)

Mailing Address 401 W LOS FELIZ ROAD
UNIT C

City GLENDALE State CA Zip Code 91204

Purpose of Disbursement
DONOR MEMENTOS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 29 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2197
Amount of Each Disbursement this Period: 556.79

Memo Item

C. RFK JR INC.

Full Name (Last, First, Middle Initial)

Mailing Address 600 W BROADWAY, STE 1400

City SAN DIEGO State CA Zip Code 92101

Purpose of Disbursement
AUDIO VISUAL EQUIPMENT

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 06 / 2024

FEC Identification Number: C
Transaction ID : SB21B.I2198
Amount of Each Disbursement this Period: 5736.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6723.71

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)
MAHA ALLIANCE

A. THE GLOBAL OBJECTIVE

Full Name (Last, First, Middle Initial)

Mailing Address 4924 BALBOA BLVD 249

City ENCINO State CA Zip Code 91316

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I22011

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. THE NORTHERN TRUST COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 5754 SW 49 ST

City MIAMI State FL Zip Code 33155

Purpose of Disbursement PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I21988

Amount of Each Disbursement this Period: 12000.00

Memo Item

C. THREE ARBOR INSURANCE

Full Name (Last, First, Middle Initial)

Mailing Address 2828 OLD 280 COURT SUITE 126

City VESTAVIA State AL Zip Code 35243

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2198

Amount of Each Disbursement this Period: 164906.94

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 191906.94

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. THREE ARBOR INSURANCE

Mailing Address 2828 OLD 280 COURT SUITE 126

City
VESTAVIA

State
AL

Zip Code
35243

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199I

Amount of Each Disbursement this Period

[REDACTED] 156324.27

Memo Item

Full Name (Last, First, Middle Initial)

B. TOBIN PRODUCTIONS

Mailing Address 5900 MOORCROFT AVE

City
WOODLAND HILLS

State
CA

Zip Code
91367

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199I

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
SUITE 530

City
ARLINGTON

State
VA

Zip Code
22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2024			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199I

Amount of Each Disbursement this Period

[REDACTED] 4.10

Memo Item

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

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

[REDACTED] 157328.37

[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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2024			

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199
Amount of Each Disbursement this Period

[REDACTED] 0.98

Candidate Name

Category/
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2024			

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199
Amount of Each Disbursement this Period

[REDACTED] 5.95

Candidate Name

Category/
Type

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

Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2024			

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I2199
Amount of Each Disbursement this Period

[REDACTED] 107.36

Candidate Name

Category/
Type

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

Memo Item

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

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

[REDACTED] 114.29

[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)
MAHA ALLIANCE

A. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 24 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2199

Amount of Each Disbursement this Period: 30.61

Memo Item

B. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 27 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2199

Amount of Each Disbursement this Period: 16.55

Memo Item

C. WINRED TECHNICAL SERVICES LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 10 / 29 / 2024

FEC Identification Number: C

Transaction ID : SB21B.I2199

Amount of Each Disbursement this Period: 558.27

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 605.43

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: WINRED TECHNICAL SERVICES LLC. Includes fields for Mailing Address (1776 WILSON BLVD SUITE 530), City (ARLINGTON), State (VA), Zip Code (22219), Purpose of Disbursement (CREDIT CARD PROCESSING FEES), and Date of Disbursement (10/30/2024). Amount: 45.82.

Form B: WINRED TECHNICAL SERVICES LLC. Includes fields for Mailing Address (1776 WILSON BLVD SUITE 530), City (ARLINGTON), State (VA), Zip Code (22219), Purpose of Disbursement (CREDIT CARD PROCESSING FEES), and Date of Disbursement (11/01/2024). Amount: 64.98.

Form C: WINRED TECHNICAL SERVICES LLC. Includes fields for Mailing Address (1776 WILSON BLVD SUITE 530), City (ARLINGTON), State (VA), Zip Code (22219), Purpose of Disbursement (CREDIT CARD PROCESSING FEES), and Date of Disbursement (11/03/2024). Amount: 282.84.

SUBTOTAL of Disbursements This Page (optional) 393.64
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 11 / 05 / 2024
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2200 Amount of Each Disbursement this Period 53.60
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING 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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 11 / 06 / 2024
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2200 Amount of Each Disbursement this Period 122.79
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING 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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 11 / 12 / 2024
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C [REDACTED] Transaction ID : SB21B.I2200 Amount of Each Disbursement this Period 22.10
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement CREDIT CARD PROCESSING 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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	198.49
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)
MAHA ALLIANCE

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2024

Mailing Address 1776 WILSON BLVD
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

FEC Identification Number

Transaction ID : SB21B.I2200f

Amount of Each Disbursement this Period

 47.52

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Memo Item

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

 47.52

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

 1309122.93

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

A. TURNING POINT PAC INC.

Full Name (Last, First, Middle Initial)

Mailing Address 4930 E. BEVERLY ROAD, SUITE 2000

City PHOENIX State AZ Zip Code 85044

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2024

FEC Identification Number: C00814152

Transaction ID : SB23.I22021

Amount of Each Disbursement this Period: 170000.00

Memo Item

B. TURNING POINT PAC INC.

Full Name (Last, First, Middle Initial)

Mailing Address 4930 E. BEVERLY ROAD, SUITE 2000

City PHOENIX State AZ Zip Code 85044

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2024

FEC Identification Number: C00814152

Transaction ID : SB23.I22022

Amount of Each Disbursement this Period: 50000.00

Memo Item

C. TURNING POINT PAC INC.

Full Name (Last, First, Middle Initial)

Mailing Address 4930 E. BEVERLY ROAD, SUITE 2000

City PHOENIX State AZ Zip Code 85044

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 18 / 2024

FEC Identification Number: C00814152

Transaction ID : SB23.I22023

Amount of Each Disbursement this Period: 250000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 470000.00

TOTAL This Period (last page this line number only)..... ▶ 470000.00

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)

Grid for line numbers 21b through 30b with checkboxes, where 29 is checked.

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NAME OF COMMITTEE (In Full)
MAHA ALLIANCE

Form A: RESCUE THE WEST. Includes fields for Full Name, Mailing Address (1201 CONNECTICUT NW, STE 388467), City (WASHINGTON), State (DC), Zip Code (20036), Purpose (DONATION), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (11/15/2024), FEC Identification Number (C), Transaction ID (SB29.I22024), Amount (100000.00), and Memo Item checkbox.

Form B: Empty form with fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Amount, and Memo Item checkbox.

Form C: Empty form with fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Amount, and Memo Item checkbox.

SUBTOTAL of Disbursements This Page (optional) 100000.00
TOTAL This Period (last page this line number only) 100000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee CHIOS, MELISSA, , (VENDOR)
Mailing Address 27 JANET DRIVE
City PLAINVIEW State NY Zip Code 11803
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 300.00
Transaction ID : SE24.21294
Date of Disbursement or Obligation 10/25/2024

Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee KLETT, ALEX, , (VENDOR)
Mailing Address 520 RIDGE DRIVE
City MAZOMANIE State WI Zip Code 53560
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 3000.00
Transaction ID : SE24.21283
Date of Disbursement or Obligation 10/29/2024

Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 3300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee KLETT, ALEX, , (VENDOR)
Mailing Address 520 RIDGE DRIVE
City MAZOMANIE State WI Zip Code 53560
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10 / 28 / 2024
Amount 3000.00
Transaction ID : SE24.21284
Date of Disbursement or Obligation 10 / 29 / 2024

Name of Federal Candidate: HARRIS, KAMALA, , ,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee KUNCZE, JAMES, , (VENDOR)
Mailing Address 3560 COUNTY LANE
City BETHPAGE State NY Zip Code 11714
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10 / 29 / 2024
Amount 300.00
Transaction ID : SE24.21293
Date of Disbursement or Obligation 10 / 29 / 2024

Name of Federal Candidate: TRUMP, DONALD, J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 3300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee KYRIAKOU, NIKOLAOS, CHRISTIAN, (VENDOR)
Mailing Address 5188 DYSARTSVILLE ROAD
City MORGANTON State NC Zip Code 28655
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 250.00
Transaction ID: SE24.21291
Date of Disbursement or Obligation 10/29/2024

Name of Federal Candidate: HARRIS, KAMALA, ,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee THOMPSON, TRAMELL, (VENDOR)
Mailing Address 91 LENOX ROAD 2-C
City BROOKLYN State NY Zip Code 11226
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 7500.00
Transaction ID: SE24.21292
Date of Disbursement or Obligation 10/21/2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 7750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee UNDERWOOD, JACOB, , (VENDOR)
Mailing Address 602 W 130TH
City BRUNSWICK State OH Zip Code 44212
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 11 / 04 / 2024
Amount 1750.00
Transaction ID : SE24.21322
Date of Disbursement or Obligation 11 / 04 / 2024

Name of Federal Candidate: KUCINICH, DENNIS, ,
Support Oppose
Office Sought: House Senate State: OH
District: 07
Calendar Year-To-Date Per Election for Office Sought 38500.00
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee UNDERWOOD, JACOB, , (VENDOR)
Mailing Address 602 W 130TH
City BRUNSWICK State OH Zip Code 44212
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 11 / 04 / 2024
Amount 1750.00
Transaction ID : SE24.21323
Date of Disbursement or Obligation 11 / 04 / 2024

Name of Federal Candidate: MILLER, MAX, J., ,
Support Oppose
Office Sought: House Senate State: OH
District: 07
Calendar Year-To-Date Per Election for Office Sought 38500.00
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee BIG TRUTH INC.
Mailing Address 23600 PEDERNALES CANYON TRAIL
City SPICEWOOD State TX Zip Code 78669
Purpose of Expenditure DIGITAL MEDIA PRODUCTION / FOOD AND BEVERAGE / TRAVEL
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 10 / 27 / 2024
Amount 19800.00
Transaction ID : SE24.21278
Date of Disbursement or Obligation 10 / 21 / 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

Full Name of Payee BIG TRUTH INC.
Mailing Address 23600 PEDERNALES CANYON TRAIL
City SPICEWOOD State TX Zip Code 78669
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 10 / 28 / 2024
Amount 7800.00
Transaction ID : SE24.21295
Date of Disbursement or Obligation 10 / 29 / 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 27600.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee BIG TRUTH INC.
Mailing Address 23600 PEDERNALES CANYON TRAIL
City SPICEWOOD State TX Zip Code 78669
Purpose of Expenditure MEDIA PRODUCTION / FOOD / BEVERAGE / TRAVEL
Date of Public Distribution/Dissemination 10 / 28 / 2024
Amount 23455.88
Transaction ID : SE24.21289
Date of Disbursement or Obligation 10 / 21 / 2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee DIGITAL PROS
Mailing Address 3 OLD TREE COURT
City SIMPSONVILLE State SC Zip Code 29681
Purpose of Expenditure EMAIL COMMUNICATIONS
Date of Public Distribution/Dissemination 11 / 02 / 2024
Amount 3750.00
Transaction ID : SE24.21317
Date of Disbursement or Obligation 11 / 02 / 2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 27205.88
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DJHJ MEDIA LLC
Mailing Address 2105 HUMMINGBIRD LANE
City EDMOND State OK Zip Code 73034
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 11/01/2024
Amount 4000.00
Transaction ID : SE24.21313
Date of Disbursement or Obligation 11/02/2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

Full Name of Payee HIGHWAY 61 ENTERTAINMENT
Mailing Address 365 E AVE DE LOS ARBOLES SUITE 1000
City THOUSAND OAKS State CA Zip Code 91360
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: HARRIS, KAMALA, , , Oppose
Date of Public Distribution/Dissemination 10/26/2024
Amount 3000.00
Transaction ID : SE24.21270
Date of Disbursement or Obligation 10/27/2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee LITTLE TOOTH LLC
Mailing Address 7707 LIBRETTO LANE
City AUSTIN State TX Zip Code 78744
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 6500.00
Transaction ID: SE24.21287
Date of Disbursement or Obligation 10/29/2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee LITTLE TOOTH LLC
Mailing Address 7707 LIBRETTO LANE
City AUSTIN State TX Zip Code 78744
Purpose of Expenditure MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/28/2024
Amount 500.00
Transaction ID: SE24.21288
Date of Disbursement or Obligation 10/29/2024

Name of Federal Candidate: HARRIS, KAMALA,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 7000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee MY EXPERT OPINION
Mailing Address 2385 3RD AVE APT 1801
City BRONX State NY Zip Code 10451
Purpose of Expenditure FACILITY RENTAL / SECURITY
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Disbursement For: 4501695.10 General 2024

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Disbursement For: 4501695.10 General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 279200.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024

(a) SUBTOTAL of Itemized Independent Expenditures 1025000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Office Sought: President
Disbursement For: General 2024
Amount 750000.00
Transaction ID: SE24.21240

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: KUCINICH, DENNIS, , Support
Office Sought: House
Disbursement For: General 2024
Amount 175000.00
Transaction ID: SE24.21324

(a) SUBTOTAL of Itemized Independent Expenditures 767500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee PARKER REED CORPORATION
Mailing Address 421 MILL POND COVE
City FREEPORT State FL Zip Code 32439
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: MILLER, MAX, ,
Calendar Year-To-Date Per Election for Office Sought 38500.00
Date of Public Distribution/Dissemination 11/04/2024
Amount 17500.00
Transaction ID : SE24.21325
Date of Disbursement or Obligation 11/04/2024
Office Sought: House District: 07 State: OH
Disbursement For: General 2024

Full Name of Payee PENATE KRUHM INC
Mailing Address 5407 MARBURN AVE
City LOS ANGELES State CA Zip Code 90043
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Date of Public Distribution/Dissemination 10/31/2024
Amount 76875.00
Transaction ID : SE24.21301
Date of Disbursement or Obligation 10/31/2024
Office Sought: President State:
Disbursement For: General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 94375.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee PENATE KRUEH INC
Mailing Address 5407 MARBURN AVE
City LOS ANGELES State CA Zip Code 90043
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee ROARCO LLC
Mailing Address 15511 HWY 71 W
City BEE CAVE State TX Zip Code 78738
Purpose of Expenditure MEDIA PRODUCTION
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 76875.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ROARCO LLC Memo Item
Mailing Address 15511 HWY 71 W 110-257
City BEE CAVE State TX Zip Code 78738
Purpose of Expenditure MEDIA PRODUCTION Category/Type
Date of Public Distribution/Dissemination 10/28/2024
Amount 50000.00
Transaction ID: SE24.21285
Date of Disbursement or Obligation 10/08/2024

Name of Federal Candidate: HARRIS, KAMALA, , ,
Support Oppose
Office Sought: President House Senate State:
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee ROARCO LLC Memo Item
Mailing Address 15511 HWY 71 W 110-257
City BEE CAVE State TX Zip Code 78738
Purpose of Expenditure MEDIA PRODUCTION Category/Type
Date of Public Distribution/Dissemination 10/28/2024
Amount 50000.00
Transaction ID: SE24.21286
Date of Disbursement or Obligation 10/08/2024

Name of Federal Candidate: TRUMP, DONALD, J., ,
Support Oppose
Office Sought: President House Senate State:
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee SABRE TEAM LLC
Mailing Address 1109 JASPER COURT
City SAN MARCOS State CA Zip Code 92078
Purpose of Expenditure SECURITY
Date of Public Distribution/Dissemination 10/27/2024
Amount 3919.50
Transaction ID: SE24.21279
Date of Disbursement or Obligation 10/28/2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure DIGITAL MEDIA PLACEMENT
Date of Public Distribution/Dissemination 10/21/2024
Amount 37500.00
Transaction ID: SE24.21103
Date of Disbursement or Obligation 10/21/2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 41419.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure DIGITAL MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure DIGITAL MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 162500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure DIGITAL MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: HARRIS, KAMALA, , ,
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 225000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure MEDIA PLACEMENT
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 10/30/2024
Amount 100000.00
Transaction ID : SE24.21297
Date of Disbursement or Obligation 10/30/2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure MEDIA PLACMENT
Name of Federal Candidate: TRUMP, DONALD, J., , Support
Date of Public Distribution/Dissemination 11/04/2024
Amount 32500.00
Transaction ID : SE24.21326
Date of Disbursement or Obligation 11/04/2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10
Disbursement For: 2024 General

(a) SUBTOTAL of Itemized Independent Expenditures 132500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE GLOBAL OBJECTIVE
Mailing Address 4924 BALBOA BLVD 249
City ENCINO State CA Zip Code 91316
Purpose of Expenditure MEDIA PLACEMENT
Date of Public Distribution/Dissemination 11/04/2024
Amount 32500.00
Transaction ID: SE24.21327
Date of Disbursement or Obligation 11/04/2024

Name of Federal Candidate: HARRIS, KAMALA, , ,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee THINK STORY FILMS
Mailing Address 1216 FINKLE ROAD PB-1
City ANDES State NY Zip Code 13731
Purpose of Expenditure DIGITAL MEDIA PRODUCTION
Date of Public Distribution/Dissemination 10/27/2024
Amount 22254.72
Transaction ID: SE24.21277
Date of Disbursement or Obligation 10/23/2024

Name of Federal Candidate: TRUMP, DONALD, J., ,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

(a) SUBTOTAL of Itemized Independent Expenditures 54754.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12/05/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAHA ALLIANCE
FEC IDENTIFICATION NUMBER C C00888172

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee TURNING POINT PAC
Mailing Address 4930 EAST BEVERLY ROAD SUITE 2000
City PHOENIX State AZ Zip Code 85044
Purpose of Expenditure P2P MESSAGES
Date of Public Distribution/Dissemination 11 / 02 / 2024
Amount 150000.00
Transaction ID : SE24.21318
Date of Disbursement or Obligation 11 / 02 / 2024

Name of Federal Candidate: TRUMP, DONALD, J.,
Support Oppose
Office Sought: President
Disbursement For: General 2024
Calendar Year-To-Date Per Election for Office Sought 4501695.10

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 150000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 3095780.10

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GONZALEZ, BRITNEY, , ,
Signature

Date 12 / 05 / 2024