

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

Office Use Only

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

12FE4M5

MAGA KY

ADDRESS (number and street)

C/O BULLDOG COMPLIANCE

138 CONANT ST STE 401

Check if different
than previously
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00908723

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

06

D D D /

19

Y Y Y Y Y Y Y

2025

through

M M M /

06

D D D /

30

Y Y Y Y Y Y Y

2025

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

Type or Print Name of Treasurer

GANTT, CHARLES, , ,

Signature of Treasurer

GANTT, CHARLES, , ,

Date

M M M /

07

D D D /

31

Y Y Y Y Y Y Y

2025

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA KY

Report Covering the Period:

From:

MM / DD / YYYY
06 / 19 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	2000000.00	2000000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2000000.00	2000000.00
7. Total Disbursements (from Line 31)	490364.00	490364.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1509636.00	1509636.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAGA KY

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
06 19 2025

To:

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

1250000.00

1250000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1250000.00

1250000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

750000.00

750000.00

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5)

2000000.00

2000000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

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))

2000000.00

2000000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

2000000.00

2000000.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5.00	5.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5.00	5.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	490359.00	490359.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	490364.00	490364.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	490364.00	490364.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2000000.00	2000000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2000000.00	2000000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5.00	5.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.00	5.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 9
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

MAGA KY

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

A. PAULSON, JOHN, ALFRED, ,

Mailing Address 1840 S OCEAN BLVD

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PAULSON & CO INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2025

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

250000.00

☐ Memo Item

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

B. SINGER, PAUL, ELLIOTT, ,Mailing Address 40 W 57TH ST, 30TH FLOOR
BOX 150City
NEW YORKState
NYZip Code
10019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ELLIOTT MANAGEMENT CORPORATIONOccupation (for Individual)
FOUNDER & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2025

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

1250000.00

1250000.00

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

PAGE 7 OF 9

<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)

MAGA KY

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

A. PRESERVE AMERICA PACMailing Address 228 S WASHINGTON ST
STE 115City
ALEXANDRIAState
VAZip Code
22314FEC ID number of contributing
federal political committee.**C**

C00878801

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2025

Transaction ID : SA11C.4118

Amount of Each Receipt this Period

750000.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

750000.00

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

750000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 9
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA KY			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00908723</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee GEN2 SOLUTIONS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 28 / 2025	
Mailing Address 3001 WASHINGTON BLVD 7TH FL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">416730.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.4105 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2025	
Purpose of Expenditure PLACED MEDIA: TV			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: MASSIE, THOMAS H., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">416730.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee GEN2 SOLUTIONS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 28 / 2025	
Mailing Address 3001 WASHINGTON BLVD 7TH FL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10665.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.4109 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2025	
Purpose of Expenditure PRODUCTION COST: TV AND DIGITAL AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: MASSIE, THOMAS H., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">427395.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">427395.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.				
Signature <u>GANTT, CHARLES, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2025	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 9
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA KY			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00908723</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee GEN2 SOLUTIONS LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 28 / 2025	
Mailing Address 3001 WASHINGTON BLVD 7TH FL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">62964.00</div>	
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.4110 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 06 / 27 / 2025	
Purpose of Expenditure DIGITAL ADVERTISING			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: MASSIE, THOMAS H., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">490359.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>	
Purpose of Expenditure			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">62964.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">490359.00</div></div></div>				
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.				
Signature GANTT, CHARLES, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 31 / 2025	