

**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

MAKE AMERICA GREAT AGAIN INC.

ADDRESS (number and street)

C/O BULLDOG COMPLIANCE

138 CONANT STREET STE 401

Check if different  
than previously  
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00825851

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

GANTT, CHARLES, , ,

Signature of Treasurer

GANTT, CHARLES, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

**MAKE AMERICA GREAT AGAIN INC.**Report Covering the Period: From: 

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

 To: 

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>2024</div>		<div>23253358.94</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>31056087.35</div>	
(c) Total Receipts (from Line 19) .....	<div>78045352.85</div>	<div>347061282.77</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>109101440.20</div>	<div>370314641.71</div>
7. Total Disbursements (from Line 31).....	<div>102222358.40</div>	<div>363435559.91</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div>6879081.80</div>	<div>6879081.80</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



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](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**MAKE AMERICA GREAT AGAIN INC.**

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y  
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).....

65319283.79

324753066.33

## (ii) Unitemized .....

0.00

206.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

65319283.79

324753272.33

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

9729603.30

13507878.19

## (d) Total Contributions (add Lines

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

Totals to Line 33, page 5).....▶

75048887.09

338261150.52

## 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

378352.38

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

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

2996465.76

8421779.87

## 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)).....▶

78045352.85

347061282.77

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

78045352.85

347061282.77

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2029648.10	11430466.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2029648.10	11430466.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	425000.00	425000.00
24. Independent Expenditures (use Schedule E) .....	99067710.30	333130093.26
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 .....	200000.00	200000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	17750000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	200000.00	17950000.00
29. Other Disbursements (Including Non-Federal Donations).....	500000.00	500000.00
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)) ..	102222358.40	363435559.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102222358.40	363435559.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	75048887.09	338261150.52
34. Total Contribution Refunds (from Line 28(d)) .....	200000.00	17950000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74848887.09	320311150.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2029648.10	11430466.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	378352.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2029648.10	11052114.27

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 74  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. ARNOLDY, RICHARD, R, ,**

Mailing Address 418 YORKSHIRE PL

City  
ST. LOUISState  
MOZip Code  
63119FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2024

Transaction ID : SA11AI.8549

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

**B. COOK, ROY, BAXTER, , III**Mailing Address C/O COLONY FAMILY OFFICES  
4250 CONGRESS ST, STE 175City  
CHARLOTTEState  
NCZip Code  
28209FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTEDOccupation (for Individual)  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

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

Transaction ID : SA11AI.8546

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

**C. DENNIS, GARY, , ,**

Mailing Address 9110 FOUR MILE CREEK RD

City  
GAINESVILLEState  
GAZip Code  
30506FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.8663

Amount of Each Receipt this Period

333333.33

☒ Memo ItemPARTNERSHIP ATTRIBUTION: NXUM GROUP LLC  
[SA11AI:8655]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

25000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 74  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. DONOVAN, JAMES, , ,**

Mailing Address 1235 DELAPLANE GRADE ROAD

City  
UPPERVILLEState  
VAZip Code  
20184FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GOLDMAN SACHSOccupation (for Individual)  
INVESTMENT BANKER

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  
10 / 22 / 2024

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

**B. FOX, SAUL, , ,**

Mailing Address 2105 WOODSIDE RD STE D

City  
WOODSIDEState  
CAZip Code  
94062FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550000.00

Date of Receipt

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

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period

50000.00

☐ Memo Item

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

**C. HARGREAVES, MIKE, , , II**Mailing Address 1806 33RD ST  
STE 120City  
ORLANDOState  
FLZip Code  
32839FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PCI SECURITYOccupation (for Individual)  
CEO

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 / 25 / 2024

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period

5000.00

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

105000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 74  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. HINES, ROBERT, NICHOLAS, ,**

Mailing Address 202 MONTROSE DRIVE

City  
WAXHAWState  
NCZip Code  
28173FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TODAY IS AMERICA, LLCOccupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.8656

Amount of Each Receipt this Period

333333.33

☒ Memo ItemPARTNERSHIP ATTRIBUTION: NXUM GROUP LLC  
[SA11AI:8655]

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

**B. HINES, ROBERT, TODD, ,**

Mailing Address 8716 LONGVIEW CLUB DRIVE

City  
WAXHAWState  
NCZip Code  
28173FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period

333333.34

☒ Memo ItemPARTNERSHIP ATTRIBUTION: NXUM GROUP LLC  
[SA11AI:8655]

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

**C. LEOPARDO, CURTIS, , ,**

Mailing Address 6314 KINGSPONTE PARKWAY

City  
ORLANDOState  
FLZip Code  
32819FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEOPARDO ENERGYOccupation (for Individual)  
CEO

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 / 25 / 2024

Transaction ID : SA11AI.8535

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

5000.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 74  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. LUTNICK, HOWARD, W, ,**

Mailing Address 11 E 71ST ST

City  
NEW YORKState  
NYZip Code  
10021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CANTOR FITZGERALDOccupation (for Individual)  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5750000.00

Date of Receipt

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

Transaction ID : SA11AI.8454

Amount of Each Receipt this Period

2996465.76

☒ Memo Item

IN-KIND: ROIV STOCK; [SA11AI.8453]

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

**B. MARNELL, ANTHONY, , , II**

Mailing Address 7011 S. PECOS ROAD

City  
LAS VEGASState  
NVZip Code  
89120FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MARNELL COMPANIESOccupation (for Individual)  
ARCHITECT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

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

Transaction ID : SA11AI.8530

Amount of Each Receipt this Period

100000.00

☐ Memo Item

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

**C. MARTIN, JAMES, , ,**

Mailing Address 201 CRANDON BLVD

City  
MIAMIState  
FLZip Code  
33149FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACM CAPITAL PARTNERSOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period

10000.00

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

110000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 74  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. MARTIN, JAMES, , ,**

Mailing Address 201 CRANDON BLVD

City  
MIAMIState  
FLZip Code  
33149FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACM CAPITAL PARTNERSOccupation (for Individual)  
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

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

Transaction ID : SA11AI.8540

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

**B. MCLANE, JAMES, S, ,**

Mailing Address 2752 ROCKY RIDGE RD

City

VESTAVIA HILLS

State

AL

Zip Code

35243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2024

Transaction ID : SA11AI.8537

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

**C. NEWTON, PATRICK, , ,**

Mailing Address PO BOX 3292

City

CARY

State

NC

Zip Code

27519

FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.8343

Amount of Each Receipt this Period

1000.00

☐ Memo ItemIN-KIND - OUTDOOR ADVERTISING: BILLBOARDS  
(SEE SCHEDULE E)

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

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

16000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 74  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. NXUM GROUP LLC**

Mailing Address 108 LAKELAND AVE

City  
KENTState  
DEZip Code  
19901FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

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

Transaction ID : SA11AI.8655

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemIN-KIND - OUTDOOR ADVERTISING: BILLBOARDS  
(SEE SCHEDULE E)

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

**B. PRATT, ANTHONY, , ,**

Mailing Address 781 FIFTH AVE

City  
NEW YORKState  
NYZip Code  
10022FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2024

Transaction ID : SA11AI.8544

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

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

**C. RAI SERVICES COMPANY**

Mailing Address 401 N MAIN ST

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

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2024

Transaction ID : SA11AI.8531

Amount of Each Receipt this Period

1500000.00

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

12500000.00

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.8655

SEE PARTNERSHIP ATTRIBUTION [SA11AI.8656; SA11AI.8658; SA11AI.8663]

Form/Schedule:  
Transaction ID:

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

PAGE 13 OF 74

<input checked="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)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. SECURING AMERICAN GREATNESS**

Mailing Address 500 S. AUSTRALIA AVE STE 825

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

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

52558283.79

Date of Receipt

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

Transaction ID : SA11AI.8528

Amount of Each Receipt this Period

52558283.79

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

52558283.79

65319283.79

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 74  
(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)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. AMERICA FIRST ACTION, INC.**Mailing Address 1900 CAMPUS COMMONS DR.  
SUITE 100City  
RESTONState  
VAZip Code  
20191FEC ID number of contributing  
federal political committee.**C** C00637512

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300000.00

Date of Receipt

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

Transaction ID : SA11C.8524

Amount of Each Receipt this Period

300000.00

☐ Memo Item

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

**B. FRIENDS OF ANDY GIPSON**

Mailing Address P.O. BOX 2307

City

BRANDON

State  
MSZip Code  
39043FEC 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 ▼

7603.30

Date of Receipt

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

Transaction ID : SA11C.8542

Amount of Each Receipt this Period

7603.30

☐ Memo Item

NON-FEDERAL COMMITTEE

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

**C. SAG PAC INC.**Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT ST STE 401

City

BEVERLY

State  
MAZip Code  
01915FEC ID number of contributing  
federal political committee.**C** C00881805

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

9422000.00

Date of Receipt

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

Transaction ID : SA11C.8522

Amount of Each Receipt this Period

9422000.00

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

9729603.30

9729603.30

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

PAGE 15 OF 74

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

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

**A. CAPITAL INSTITUTIONAL SERVICES INC**Mailing Address 1700 PACIFIC AVE  
STE 1100City  
DALLASState  
TXZip Code  
75201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8066880.27

Date of Receipt

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

Transaction ID : SA17.8453

Amount of Each Receipt this Period

2996465.76

☐ Memo ItemROIV STOCK SOLD THROUGH BROKER.  
PURCHASER UNKNOWN.

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

2996465.76

2996465.76

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

PAGE 16 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. 305SUNNSHINE STRATEGIES**Mailing Address 7901 4TH ST N  
STE 300City  
ST PETERSBURGState  
FLZip Code  
33702Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			29			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8550**

Amount of Each Disbursement this Period

13200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 305SUNNSHINE STRATEGIES**Mailing Address 7901 4TH ST N  
STE 300City  
ST PETERSBURGState  
FLZip Code  
33702Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
11			08			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8551**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADAIR STRATEGIES, INC.**Mailing Address 510 NUCLEUS AVE  
APT 302City  
COLUMBIA FALLSState  
MTZip Code  
59912Purpose of Disbursement  
MEDIA MONITORING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			29			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8555**

Amount of Each Disbursement this Period

5000.00

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

27200.00



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

PAGE 17 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ADAIR STRATEGIES, INC.**Mailing Address 510 NUCLEUS AVE  
APT 302City  
COLUMBIA FALLSState  
MTZip Code  
59912Purpose of Disbursement  
MEDIA MONITORING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8556

Amount of Each Disbursement this Period

3333.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City  
NEWARKState  
NJZip Code  
07101Purpose of Disbursement  
CREDIT CARD ANNUAL FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8608

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICA RISING, LLC**Mailing Address 1500 WILSON BLVD  
5TH FLOORCity  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8607

Amount of Each Disbursement this Period

10000.00

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

13432.33

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

PAGE 18 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**Mailing Address 1920 MCKINNEY AVE.  
7TH FLCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8609**

Amount of Each Disbursement this Period

2000.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**Mailing Address 1920 MCKINNEY AVE.  
7TH FLCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB21B.8610**

Amount of Each Disbursement this Period

400.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**Mailing Address 1920 MCKINNEY AVE.  
7TH FLCity  
DALLASState  
TXZip Code  
75201

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8611**

Amount of Each Disbursement this Period

600.60

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

3001.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BALDUR STRATEGIES, LLC**Mailing Address 3333 PORT ROYALE DR S  
APT 329City  
FT. LAUDERDALEState  
FLZip Code  
33308Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4	

FEC Identification Number

**C** **Transaction ID : SB21B.8612**

Amount of Each Disbursement this Period

 12500.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BALDUR STRATEGIES, LLC**Mailing Address 3333 PORT ROYALE DR S  
APT 329City  
FT. LAUDERDALEState  
FLZip Code  
33308Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.8613**

Amount of Each Disbursement this Period

 25000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BULLDOG COMPLIANCE**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.8616**

Amount of Each Disbursement this Period

 10000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 47500.00

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

PAGE 20 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BULLDOG COMPLIANCE**Mailing Address 138 CONANT ST  
STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8617

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN NUCLEUS LLC**Mailing Address 3593 MEDINA RD  
#110City  
MEDINAState  
OHZip Code  
44256Purpose of Disbursement  
DIGITAL MARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8618

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN NUCLEUS LLC**Mailing Address 3593 MEDINA RD  
#110City  
MEDINAState  
OHZip Code  
44256Purpose of Disbursement  
DIGITAL MARKETING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8619

Amount of Each Disbursement this Period

3666.67

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

18666.67

<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

MAKE AMERICA GREAT AGAIN INC.

**A. CHAIN BRIDGE BANK N.A.**

Date of Disbursement

Candidate Name

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

FEC Identification Number

C

**Transaction ID : SB21B.8557**  
Amount of Each Disbursement this Period

25.00

Memo Item

**B. CHAIN BRIDGE BANK N.A.**

Date of Disbursement

Candidate Name

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

District:

FEC Identification Number

C							
---	--	--	--	--	--	--	--

**Transaction ID : SB21B.8558**  
Amount of Each Disbursement this Period

25.00

Memo Item

**C. CHAIN BRIDGE BANK N.A.**

Date of Disbursement

Candidate Name \_\_\_\_\_

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

District:

FEC Identification Number

C							
---	--	--	--	--	--	--	--

**Transaction ID : SB21B.8559**  
Amount of Each Disbursement this Period

25.00

Memo Item

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

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

Grade	Number of Students
1st	75
2nd	80
3rd	90
4th	60
5th	70
6th	85

[illegible]

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

PAGE 22 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**   
**Transaction ID : SB21B.8560**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**   
**Transaction ID : SB21B.8561**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**   
**Transaction ID : SB21B.8562**

Amount of Each Disbursement this Period

 25.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 75.00



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

PAGE 24 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8566**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8567**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8568**

Amount of Each Disbursement this Period

25.00

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

75.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.8572

Amount of Each Disbursement this Period

2.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4		

FEC Identification Number

C

Transaction ID : SB21B.8573

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.8574

Amount of Each Disbursement this Period

25.00

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

5	2	.	5	0
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8575**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8576**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8577**

Amount of Each Disbursement this Period

25.00

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

75.00

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

PAGE 28 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.8578**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.8579**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** **Transaction ID : SB21B.8580**

Amount of Each Disbursement this Period

 25.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 75.00

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

PAGE 29 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8581**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8582**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8583**

Amount of Each Disbursement this Period

12.00

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

62.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8584**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8585**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8586**

Amount of Each Disbursement this Period

25.00

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

75.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8587**

Amount of Each Disbursement this Period

2	5	0	0						
---	---	---	---	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8588**

Amount of Each Disbursement this Period

2	5	0	0						
---	---	---	---	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8589**

Amount of Each Disbursement this Period

2	5	0	0						
---	---	---	---	--	--	--	--	--	--

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

7	5	0	0						
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8590**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8591**

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8592**

Amount of Each Disbursement this Period

12.00

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

49.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8593**

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8594**

Amount of Each Disbursement this Period

2	5	0	0
---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8595**

Amount of Each Disbursement this Period

2	5	0
---	---	---

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

5	2	5	0
---	---	---	---

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

PAGE 34 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8596**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8597**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK N.A.**

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEANState  
VAZip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Office Sought:

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

Disbursement For:

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

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8598**

Amount of Each Disbursement this Period

25.00

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

75.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. DT CLIENT SERVICES, LLC**Mailing Address 1310 N COURTHOUSE RD  
STE 840City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
RESEARCH AND DATA CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8620**

Amount of Each Disbursement this Period

15500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DT CLIENT SERVICES, LLC**Mailing Address 1310 N COURTHOUSE RD  
STE 840City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
RESEARCH AND DATA CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8621**

Amount of Each Disbursement this Period

20600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DT CLIENT SERVICES, LLC**Mailing Address 1310 N COURTHOUSE RD  
STE 840City  
ARLINGTONState  
VAZip Code  
22201Purpose of Disbursement  
RESEARCH AND DATA CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8622**

Amount of Each Disbursement this Period

82400.00

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

118500.00

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

PAGE 36 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. EAGLE EYE COMMUNICATIONS LLC**

Mailing Address 8216 DOCTOR CRAIK CT

City  
ALEXANDRIAState  
VAZip Code  
22306Purpose of Disbursement  
MEDIA BOOKING CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8624**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EAGLE EYE COMMUNICATIONS LLC**

Mailing Address 8216 DOCTOR CRAIK CT

City  
ALEXANDRIAState  
VAZip Code  
22306Purpose of Disbursement  
MEDIA BOOKING CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8625**

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EAGLE EYE COMMUNICATIONS LLC**

Mailing Address 8216 DOCTOR CRAIK CT

City  
ALEXANDRIAState  
VAZip Code  
22306Purpose of Disbursement  
MEDIA BOOKING CONSULTING  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
11			07			2024					

FEC Identification Number

**C****Transaction ID : SB21B.8626**

Amount of Each Disbursement this Period

5000.00

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

20000.00

**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 PageFOR LINE NUMBER:  
(check only one)

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<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTIONS LLC**Mailing Address 1050 CONNECTICUT AVE NW  
STE 500City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
10				31				2024			

FEC Identification Number

**C** Transaction ID : SB21B.8627

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTIONS LLC**Mailing Address 1050 CONNECTICUT AVE NW  
STE 500City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8628

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTORAL COMMUNICATIONS GROUP LLC**Mailing Address 701 S HOWARD AVE  
STE 106-848City  
TAMPAState  
FLZip Code  
33606Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8629

Amount of Each Disbursement this Period

9891.38

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

34891.38

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

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<input 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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTORAL COMMUNICATIONS GROUP LLC**

Date of Disbursement

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

Mailing Address 701 S HOWARD AVE  
STE 106-848City  
TAMPAState  
FLZip Code  
33606

Purpose of Disbursement

POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

**C**

Transaction ID : SB21B.8630

Amount of Each Disbursement this Period

4027.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. EVENT STRATEGIES, INC.**

Date of Disbursement

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

Mailing Address 510 KING STREET  
STE 315City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

EVENT CONSULTING EXPENSES: TRAVEL, PRINTING AND SHIPPING

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:

FEC Identification Number

**C**

Transaction ID : SB21B.8631

Amount of Each Disbursement this Period

1681.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EVERGREEN DATA STRATEGIES**

Date of Disbursement

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

Mailing Address 1712 PIONEER AVE  
STE 500City  
CHEYENNEState  
WYZip Code  
82001

Purpose of Disbursement

DATA ANALYSIS CONSULTING

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

FEC Identification Number

**C**

Transaction ID : SB21B.8632

Amount of Each Disbursement this Period

5000.00

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

10709.26

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

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

PAGE 39 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. EVERGREEN DATA STRATEGIES**Mailing Address 1712 PIONEER AVE  
STE 500City  
CHEYENNEState  
WYZip Code  
82001Purpose of Disbursement  
DATA ANALYSIS CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8633**

Amount of Each Disbursement this Period

3333.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FABRIZIO, LEE & ASSOCIATES, LLC**

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALEState  
FLZip Code  
33304Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8599**

Amount of Each Disbursement this Period

566617.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FABRIZIO, LEE & ASSOCIATES, LLC**

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALEState  
FLZip Code  
33304Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2024			

FEC Identification Number

**C****Transaction ID : SB21B.8600**

Amount of Each Disbursement this Period

672676.07

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

1242626.57

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

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

PAGE 40 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEEState  
FLZip Code  
32309Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8601**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEEState  
FLZip Code  
32309Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSE: TRAVEL

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8602**

Amount of Each Disbursement this Period

10565.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEEState  
FLZip Code  
32309Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: 

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

Disbursement For: 

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8603**

Amount of Each Disbursement this Period

10000.00

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

30565.50



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

PAGE 41 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEEState  
FLZip Code  
32309

Purpose of Disbursement

FUNDRAISING CONSULTING EXPENSE: TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8604

Amount of Each Disbursement this Period

2247.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEEState  
FLZip Code  
32309

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8634

Amount of Each Disbursement this Period

6666.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FROST FLORIDA**Mailing Address 740 S. POWERLINE RD  
STE HCity  
DEERFIELD BEACHState  
FLZip Code  
33442

Purpose of Disbursement

EVENT EXPENSE: AUDIO/VISUAL EQUIPMENT RENTAL AND SERVICES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.8605

Amount of Each Disbursement this Period

4608.75

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

13522.59

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

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

PAGE 42 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GO BIG MEDIA**Mailing Address 44 CANAL CENTER PLZ  
STE 315City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

WEBSITE DESIGN, HOSTING, AND VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.8635

Amount of Each Disbursement this Period

20238.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GO BIG MEDIA**Mailing Address 44 CANAL CENTER PLZ  
STE 315City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

DIGITAL CONSULTING, WEBSITE DESIGN AND VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2024			

FEC Identification Number

C

Transaction ID : SB21B.8636

Amount of Each Disbursement this Period

22455.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GO BIG MEDIA**Mailing Address 44 CANAL CENTER PLZ  
STE 315City  
ALEXANDRIAState  
VAZip Code  
22314

Purpose of Disbursement

DIGITAL CONSULTING AND VIDEO PRODUCTION

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.8637

Amount of Each Disbursement this Period

18766.66

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

61460.32

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

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

PAGE 43 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. MATHIS, ABIGAIL, , ,**

Mailing Address 704 EVERGREEN ROAD

City  
ANCHORAGEState  
KYZip Code  
40223Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
10			31			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8553

Amount of Each Disbursement this Period

7264.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MATHIS, ABIGAIL, , ,**

Mailing Address 704 EVERGREEN ROAD

City  
ANCHORAGEState  
KYZip Code  
40223Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
11			01			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8554

Amount of Each Disbursement this Period

1001.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MB PUBLIC AFFAIRS, INC.**Mailing Address 1415 L STREET  
#1260City  
SACRAMENTOState  
CAZip Code  
95814Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y
11			05			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8639

Amount of Each Disbursement this Period

15000.00

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

23266.16

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

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

PAGE 44 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. OPINION ARCHITECTS LLC**Mailing Address 777 SW 37TH AVE  
STE. 510City  
MIAMIState  
FLZip Code  
33135Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : SB21B.8640

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OPINION ARCHITECTS LLC**Mailing Address 777 SW 37TH AVE  
STE. 510City  
MIAMIState  
FLZip Code  
33135Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
11				15				2024			

FEC Identification Number

**C** Transaction ID : SB21B.8641

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**Mailing Address 714 BROOK STREET  
SUITE 120City  
ROCKY HILLState  
CTZip Code  
06067Purpose of Disbursement  
PAYROLL SERVICE FEES

Candidate Name

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

State: District:

Date of Disbursement

M	M		/	D	D		/	Y	Y	Y	Y
11				12				2024			

FEC Identification Number

**C** Transaction ID : SB21B.8642

Amount of Each Disbursement this Period

76.00

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

50076.00

<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

MAKE AMERICA GREAT AGAIN INC.

**A. PERCIPIENT STRATEGIES LLC**

Date of Disbursement

FEC Identification Number

C Transaction ID : SB21B.8643

Amount of Each Disbursement this Period

10000.00

Memo Item

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**B. PERCIPIENT STRATEGIES LLC**

Date of Disbursement

FEC Identification Number

C Transaction ID : SB21B.8644

Amount of Each Disbursement this Period

6700.00

 Memo Item

Disbursement For:

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

C. RESTORE AMERICA MEDIA LLC

Date of Disbursement

Three 10-pin D-sub connectors are shown, each with a different pin number: 10, 29, and 2024. The connectors are arranged horizontally, separated by slashes. Each connector has a label above it indicating the pin number: 'M M' for 10, 'D D' for 29, and 'Y Y Y Y' for 2024.

FEC Identification Number

C Transaction ID : SB21B.8645

Amount of Each Disbursement this Period

10000.00

Memo Item

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

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

26700.00

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

[illegible]

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

PAGE 46 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City  
TALLAHASSEEState  
FLZip Code  
32301

Purpose of Disbursement

FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2024			

FEC Identification Number

**C**

Transaction ID : SB21B.8648

Amount of Each Disbursement this Period

12754.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City  
TALLAHASSEEState  
FLZip Code  
32301

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.8649

Amount of Each Disbursement this Period

16660.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE MAR-A-LAGO CLUB**

Mailing Address 1100 SOUTH OCEAN BLVD

City  
PALM BEACHState  
FLZip Code  
33480

Purpose of Disbursement

EVENT EXPENSE: FACILITY RENTAL AND CATERING SERVICES

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB21B.8651

Amount of Each Disbursement this Period

20223.00

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

49637.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE STRATEGY GROUP FOR MEDIA INC.**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: 

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

State: District:

Disbursement For: 

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

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8653**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE STRATEGY GROUP FOR MEDIA INC.**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: 

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

State: District:

Disbursement For: 

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

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8654**

Amount of Each Disbursement this Period

6666.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THREE ARBOR INSURANCE, INC**Mailing Address 2828 OLD 280 CT  
STE 126City  
VESTAVIAState  
ALZip Code  
35243Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought: 

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

State: District:

Disbursement For: 

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

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.8606**

Amount of Each Disbursement this Period

220259.72

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

236926.39

2029648.10

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

PAGE 48 OF 74

<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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SAG PAC INC.**Mailing Address C/O BULLDOG COMPLIANCE  
138 CONANT ST STE 401City  
BEVERLYState  
MAZip Code  
01915Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	4		

FEC Identification Number

**C** C00881805  
**Transaction ID : SB23.8647**

Amount of Each Disbursement this Period

425000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

425000.00

425000.00



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

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

PAGE 49 OF 74

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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SUNBEAM SOLUTIONS LLC**

Mailing Address 333 W FRANKLIN ST

City  
TUPELOState  
MSZip Code  
38804

Purpose of Disbursement

CONTRIBUTION REFUND (PRIOR PERIOD: SA11AI:6398)

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB28A.8650**

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

200000.00

200000.00

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

PAGE 50 OF 74

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

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)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BALLOT FREEDOM FUND**

Mailing Address 2226 SAN MIGUEL DR

City  
SEVERANCEState  
COZip Code  
80550Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION  
Candidate NameCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

**C**

Transaction ID : SB29.8615

Amount of Each Disbursement this Period

500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

500000.00

500000.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 51 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span><span>C00825851</span></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div></div>			
Full Name of Payee DEL RAY MEDIA LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">18</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">2024</div></div></div></div>	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52950.00</div> <b>Transaction ID : SE.8378</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">18</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">2024</div></div></div></div>	
<div style="flex: 1;">City ALEXANDRIA</div> <div style="flex: 1;">State VA</div> <div style="flex: 1;">Zip Code 22313</div>			
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 1.2em;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , , <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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; text-align: right;">209540263.25</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">18</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">2024</div></div></div></div>	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26475.00</div> <b>Transaction ID : SE.8379</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">18</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">2024</div></div></div></div>	
<div style="flex: 1;">City ALEXANDRIA</div> <div style="flex: 1;">State VA</div> <div style="flex: 1;">Zip Code 22313</div>			
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 1.2em;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , , <div style="text-align: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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; text-align: right;">209566738.25</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">79425.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"></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  <i>GANTT, CHARLES, , ,</i>		Date <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; text-align: center;">12</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">05</div> / <div style="border: 1px solid black; padding: 2px; text-align: center;">2024</div></div></div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 52 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 DEL RAY MEDIA 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> 10 / 18 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1168902.91</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8380</b> 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> 10 / 18 / 2024	
Purpose of Expenditure PLACED MEDIA: TV			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" 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;">210735641.16</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA 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> 10 / 18 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">584451.46</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8381</b> 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> 10 / 18 / 2024	
Purpose of Expenditure PLACED MEDIA: TV			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" 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;">211320092.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1753354.37</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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 53 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3758662.04</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: TV				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">215078754.66</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24083279.00</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: TV				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">239162033.66</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">27841941.04</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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 54 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">53140.00</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: RADIO AD				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">239215173.66</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26570.00</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: RADIO AD				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">239241743.66</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">79710.00</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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 55 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span><span>C00825851</span></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: flex; align-items: center;"><div style="margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div></div>	
<div>Full Name of Payee DEL RAY MEDIA LLC <input type="checkbox"/> Memo Item</div> <div>Mailing Address P.O. BOX 1309</div> <div><div>City ALEXANDRIA</div><div>State VA</div><div>Zip Code 22313</div></div> <div>Purpose of Expenditure PLACED MEDIA: TV</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 10 / 20 / 2024</div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">158031.86</div></div> <div>Transaction ID : <b>SE.8422</b></div> <div>Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 10 / 20 / 2024</div></div>	
<div>Name of Federal Candidate: TRUMP, DONALD J., , ,</div> <div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div>		<div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____</div>	
<div>Calendar Year-To-Date Per Election for Office Sought</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">239399775.52</div>		<div>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____</div>	
<div>Full Name of Payee DEL RAY MEDIA LLC <input type="checkbox"/> Memo Item</div> <div>Mailing Address P.O. BOX 1309</div> <div><div>City ALEXANDRIA</div><div>State VA</div><div>Zip Code 22313</div></div> <div>Purpose of Expenditure PLACED MEDIA: TV</div> <div>Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div></div>		<div>Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 10 / 20 / 2024</div></div> <div>Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">895513.89</div></div> <div>Transaction ID : <b>SE.8423</b></div> <div>Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 10 / 20 / 2024</div></div>	
<div>Name of Federal Candidate: HARRIS, KAMALA, , ,</div> <div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		<div>Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____</div>	
<div>Calendar Year-To-Date Per Election for Office Sought</div> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">240295289.41</div>		<div>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____</div>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">1053545.75</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
(c) TOTAL Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
<p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"><div>GANTT, CHARLES, , ,</div><div>Signature</div></div><div style="width: 45%; text-align: right;"><div>Date</div><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">M M / D D / Y Y Y Y Y Y 12 / 05 / 2024</div></div></div>			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 56 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</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 DEL RAY MEDIA LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">703608.22</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8443</b> 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> 10 / 23 / 2024
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <div style="text-align: right;"><input type="checkbox"/> Oppose</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">241016397.63</div>	
Full Name of Payee DEL RAY MEDIA LLC <div style="text-align: right;"><input type="checkbox"/> Memo Item</div>		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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8677834.71</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8444</b> 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> 10 / 23 / 2024
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <div style="text-align: right;"><input type="checkbox"/> Oppose</div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border: 1px solid black; padding: 2px; display: inline-block;">249694232.34</div>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9381442.93</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  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> 12 / 05 / 2024	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 57 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> 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 DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">81159.94</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8455</b> 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> 10 / 23 / 2024	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">249775392.28</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee DEL RAY MEDIA 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> 10 / 23 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">459906.31</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8456</b> 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> 10 / 23 / 2024	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">250235298.59</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">541066.25</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  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> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 58 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</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 DEL RAY MEDIA LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>		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> 10 / 25 / 2024	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">697315.88</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8460</b> 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> 10 / 25 / 2024
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____ <input type="checkbox"/> Oppose <input checked="" 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;">250932614.47</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>		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> 10 / 25 / 2024	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3951456.62</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8461</b> 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> 10 / 25 / 2024
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,		<input type="checkbox"/> Support      Office Sought: <input type="checkbox"/> House      District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" 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;">254884071.09</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">4648772.50</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  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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 59 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px; font-weight: bold;">C</div><div style="margin-left: 5px;">C00825851</div></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div></div>			
Full Name of Payee DEL RAY MEDIA LLC		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>30</div><div>2024</div></div></div>	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 5px;">53214.75</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8483</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div></div>
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA LLC		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>30</div><div>2024</div></div></div>	
Mailing Address P.O. BOX 1309		Amount <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 5px;">26210.25</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8484</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">/</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>25</div><div>2024</div></div></div>
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

79425.00

(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.

Signature

M

M

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D

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Y

Y

Y

Y

12

05

/

2024

FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 60 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 DEL RAY MEDIA 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> 10 / 30 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30033271.32</div>	Transaction ID : <b>SE.8485</b> 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> 10 / 25 / 2024	
City ALEXANDRIA	State VA	Zip Code 22313			
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type		Name of Federal Candidate: HARRIS, KAMALA, , , <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President    <input type="checkbox"/> Senate    State: _____</div></div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">284996767.41</div>			
Full Name of Payee DEL RAY MEDIA 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> 10 / 30 / 2024	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5805954.60</div>		
City ALEXANDRIA	State VA	Zip Code 22313		Name of Federal Candidate: TRUMP, DONALD J., , , <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President    <input type="checkbox"/> Senate    State: _____</div></div>	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">290802722.01</div>			
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">35839225.92</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> 12 / 05 / 2024		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 61 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee DEL RAY MEDIA LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div></div>	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">882606.67</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8478</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div></div>	
Purpose of Expenditure PLACED MEDIA: TV			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , , <span style="float: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" 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;">292710328.68</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA LLC <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div></div>	
Mailing Address P.O. BOX 1309			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">441303.33</div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8479</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 29 / 2024</div></div>	
Purpose of Expenditure PLACED MEDIA: TV			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , , <span style="float: right;"><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose</span>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" 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;">293151632.01</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1323910.00</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="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="border: 1px solid black; padding: 2px; display: inline-block;">12 / 05 / 2024</div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 62 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 DEL RAY MEDIA 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> 10 / 30 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">900580.50</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: TV				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">294116958.31</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA 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> 10 / 30 / 2024	
Mailing Address P.O. BOX 1309				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2101354.50</div>	
City ALEXANDRIA		State VA		Zip Code 22313	
Purpose of Expenditure PLACED MEDIA: TV				Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">296218312.81</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">3001935.00</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> 12 / 05 / 2024	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 64 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span><span>C00825851</span></div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>		<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Full Name of Payee DEL RAY MEDIA LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address    P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>3530830.00</span><span></span></div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8517</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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: flex; justify-content: space-between;"><span></span><span>304994693.55</span><span></span></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee DEL RAY MEDIA LLC <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address    P.O. BOX 1309		Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>3530830.00</span><span></span></div>	
City ALEXANDRIA	State VA	Zip Code 22313	<b>Transaction ID : SE.8518</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px;"></div>	<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>
Name of Federal Candidate: HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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: flex; justify-content: space-between;"><span></span><span>308525523.55</span><span></span></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><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: flex; justify-content: space-between;"><span></span><span>7061660.00</span><span></span></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; 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: flex; justify-content: space-between;"><span></span><span></span><span></span></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; 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: flex; justify-content: space-between;"><span></span><span></span><span></span></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="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 65 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00825851
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Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024Full Name of Payee ☐ Memo Item  
ELECTORAL COMMUNICATIONS GROUP LLC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2024Mailing Address 701 S HOWARD AVE  
STE 106-848

Amount

67523.24

City State Zip Code  
TAMPA FL 33606

Transaction ID : SE.8505

Purpose of Expenditure  
TEXT MESSAGESCategory/  
Type

Date of Disbursement or Obligation

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

Name of Federal Candidate:

TRUMP, DONALD J., , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☒ President☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

296285836.05

Disbursement For: ☐ Primary ☒ General  
2024☐ Other (specify) ▶Full Name of Payee ☐ Memo Item  
NEWTON, PATRICK, , ,

Date of Public Distribution/Dissemination

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

Mailing Address PO BOX 3292

Amount

1000.00

City State Zip Code  
CARY NC 27519

Transaction ID : SE.8345

Purpose of Expenditure

IN-KIND - OUTDOOR ADVERTISING: BILLBOARDS

Category/  
Type

Date of Disbursement or Obligation

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

Name of Federal Candidate:

TRUMP, DONALD J., , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☒ President☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

209458813.25

Disbursement For: ☐ Primary ☒ General  
2024☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....

68523.24

(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.

GANTT, CHARLES, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2024

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 66 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee NXUM GROUP LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2024</div>	
Mailing Address    108 LAKELAND AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">666666.67</div>	
City KENT	State DE	Zip Code 19901	<b>Transaction ID : SE.8476</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2024</div>	
Purpose of Expenditure IN-KIND - OUTDOOR ADVERTISING: BILLBOARDS			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">291494388.68</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee NXUM GROUP LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2024</div>	
Mailing Address    108 LAKELAND AVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">333333.33</div>	
City KENT	State DE	Zip Code 19901	<b>Transaction ID : SE.8477</b> Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 29 / 2024</div>	
Purpose of Expenditure IN-KIND - OUTDOOR ADVERTISING: BILLBOARDS			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">291827722.01</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1000000.00</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  GANTT, CHARLES, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 05 / 2024</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 67 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">4000.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8347</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">209462813.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">8000.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8348</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">209470813.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <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; width: 150px; text-align: right;">12000.00</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; width: 150px;"></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; width: 150px;"></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="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 68 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div></div>				
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">10 / 18 / 2024</div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5500.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8352</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">10 / 17 / 2024</div></div>	
Purpose of Expenditure PRODUCTION COST: TV AND RADIO AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">209476313.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">10 / 18 / 2024</div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">11000.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8353</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">10 / 17 / 2024</div></div>	
Purpose of Expenditure PRODUCTION COST: TV AND RADIO AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">209487313.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">16500.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></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="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y Y Y Y Y Y</div></div><div style="text-align: center;">12 / 05 / 2024</div></div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 70 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 27 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6250.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8466</b> 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> 10 / 27 / 2024	
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: TRUMP, DONALD J., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">290815222.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 27 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6250.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8468</b> 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> 10 / 27 / 2024	
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: HARRIS, KAMALA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">290821472.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12500.00</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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 71 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> 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 THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 27 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6250.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8469</b> 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> 10 / 27 / 2024	
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">290827722.01</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 30 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11725.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8480</b> 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> 10 / 30 / 2024	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">293163357.01</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">17975.00</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> 12 / 05 / 2024	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 72 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 30 / 2024	
Mailing Address    7669 STAGERS LOOP				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5775.00</div>	
City DELAWARE		State OH	Zip Code 43015	<b>Transaction ID : SE.8481</b> 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> 10 / 30 / 2024	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">293169132.01</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <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> 10 / 30 / 2024	
Mailing Address    7669 STAGERS LOOP				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41245.80</div>	
City DELAWARE		State OH	Zip Code 43015	<b>Transaction ID : SE.8482</b> 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> 10 / 30 / 2024	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">293210377.81</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">47020.80</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> 12 / 05 / 2024		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 73 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>				
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1800.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8497</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">293212177.81</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <span style="float: right;"><input type="checkbox"/> Memo Item</span>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">4200.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8498</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>	
Purpose of Expenditure PRODUCTION COST: CONNECTED TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">293216377.81</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">6000.00</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <u>GANTT, CHARLES, , ,</u></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div>				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 74 OF 74  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MAKE AMERICA GREAT AGAIN INC.</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00825851</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> 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 THE STRATEGY GROUP FOR MEDIA, INC. <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> 11 / 01 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8511</b> 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> 11 / 01 / 2024	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: HARRIS, KAMALA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">301456363.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee THE STRATEGY GROUP FOR MEDIA, INC. <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> 11 / 01 / 2024	
Mailing Address 7669 STAGERS LOOP			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City DELAWARE	State OH	Zip Code 43015	<b>Transaction ID : SE.8512</b> 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> 11 / 01 / 2024	
Purpose of Expenditure PRODUCTION COST: TV AD			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" 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;">301463863.55</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</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;">99067710.30</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> 12 / 05 / 2024	