

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                |                                                                                                                                                                                                                                                                          |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>MAGA INC.</b>                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00892471                                                                                                                                                                                                                        |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span> |             |                                                                                |                                                                                                                                                                                                                                                                          |  |  |
| Full Name of Payee<br>DEL RAY MEDIA LLC                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span><br>11 / 21 / 2025 |  |  |
| Mailing Address PO BOX 1309                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                | Amount<br><span style="border:1px solid black; padding:2px;">227535.00</span>                                                                                                                                                                                            |  |  |
| City<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                                                                           | State<br>VA | Zip Code<br>22313                                                              | Transaction ID : SE.4720                                                                                                                                                                                                                                                 |  |  |
| Purpose of Expenditure<br>PLACED MEDIA: TV                                                                                                                                                                                                                                                                                                                                                                   |             | Category/<br>Type <span style="border:1px solid black; padding:2px;"></span>   | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span><br>11 / 20 / 2025        |  |  |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,                                                                                                                                                                                                                                                                                                                                                                |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN                                                                                                              |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                      |             | <span style="border:1px solid black; padding:2px;">1263132.39</span>           | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ► Special-General                                                                                                        |  |  |
| Full Name of Payee<br>ELECTORAL COMMUNICATIONS GROUP, LLC                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span><br>11 / 21 / 2025 |  |  |
| Mailing Address 701 S HOWARD AVE<br>STE 106-848                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                | Amount<br><span style="border:1px solid black; padding:2px;">2292.41</span>                                                                                                                                                                                              |  |  |
| City<br>TAMPA                                                                                                                                                                                                                                                                                                                                                                                                | State<br>FL | Zip Code<br>33606                                                              | Transaction ID : SE.4717                                                                                                                                                                                                                                                 |  |  |
| Purpose of Expenditure<br>TEXT MESSAGES: GOTV                                                                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <span style="border:1px solid black; padding:2px;"></span>   | Date of Disbursement or Obligation<br><span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span><br>11 / 21 / 2025        |  |  |
| Name of Federal Candidate<br>VAN EPPS, MATTHEW ROBERT, , ,                                                                                                                                                                                                                                                                                                                                                   |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN                                                                                                              |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                      |             | <span style="border:1px solid black; padding:2px;">1265424.80</span>           | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2025 <input checked="" type="checkbox"/> Other (specify) ► Special-General                                                                                                        |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ►                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                | <span style="border:1px solid black; padding:2px;">229827.41</span>                                                                                                                                                                                                      |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ►                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                | <span style="border:1px solid black; padding:2px;"></span>                                                                                                                                                                                                               |  |  |
| (c) TOTAL Independent Expenditures..... ►                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                | <span style="border:1px solid black; padding:2px;"></span>                                                                                                                                                                                                               |  |  |
| 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<br><br>GANTT, CHARLES, , ,                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                | Date <span style="border:1px solid black; padding:2px;">M M M</span> / <span style="border:1px solid black; padding:2px;">D D D</span> / <span style="border:1px solid black; padding:2px;">Y Y Y Y Y Y</span><br>11 / 21 / 2025                                         |  |  |

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**(Schedule E)**PAGE 2 OF 2  
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|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>MAGA INC.</b>                                                     |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00892471                                       |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                           |             |                                                                                |                                                                                                                                                              |
|-----------------------------------------------------------|-------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>ELECTORAL COMMUNICATIONS GROUP, LLC |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>11 / 21 / 2025  |                                                                                                                                                              |
| Mailing Address 701 S HOWARD AVE<br>STE 106-848           |             | Amount<br>2292.40                                                              |                                                                                                                                                              |
| City<br>TAMPA                                             | State<br>FL | Zip Code<br>33606                                                              | Transaction ID : SE.4718<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br>11 / 21 / 2025                                                           |
| Purpose of Expenditure<br>TEXT MESSAGES: GOTV             |             | Category/<br>Type                                                              |                                                                                                                                                              |
| Name of Federal Candidate<br>BEHN, AFTYN, , ,             |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House    District: 07<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: TN  |
| Calendar Year-To-Date<br>Per Election for Office Sought   |             | 1267717.20                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▶ Special-General |

|                                                         |       |                                                                     |                                                                                                                                                        |
|---------------------------------------------------------|-------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee                                      |       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY         |                                                                                                                                                        |
| Mailing Address                                         |       | Amount                                                              |                                                                                                                                                        |
| City                                                    | State | Zip Code                                                            | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                   |
| Purpose of Expenditure                                  |       | Category/<br>Type                                                   |                                                                                                                                                        |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |       |                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                |

|                                                                    |           |
|--------------------------------------------------------------------|-----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | 2292.40   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |           |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | 232119.81 |

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

MM / DD / YYYY  
11 / 21 / 2025