

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 BEVERLY MA 01915 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00825851 X (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), 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 / D D / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2023 through 12 / 31 / 2023

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 01 / 31 / 2024

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MAKE AMERICA GREAT AGAIN INC.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		54131897.01
(b) Cash on Hand at Beginning of Reporting Period.....	30820215.51	
(c) Total Receipts (from Line 19) .....	47805128.35	62448648.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78625343.86	116580545.36
7. Total Disbursements (from Line 31).....	55371984.92	93327186.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23253358.94	23253358.94
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

MAKE AMERICA GREAT AGAIN INC.

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

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).....	44900583.65	58044083.65
(ii) Unitemized .....	20.00	40.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	44900603.65	58044123.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1251533.06	1251533.06
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	46152136.71	59295656.71
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).....	1652991.64	3152991.64
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	47805128.35	62448648.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	47805128.35	62448648.35

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4777737.73	7028492.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4777737.73	7028492.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	20494247.19	43818693.44
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 .....	100000.00	100000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000000.00	42250000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30100000.00	42350000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	130000.00
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)) ..	55371984.92	93327186.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55371984.92	93327186.42

**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) .....	46152136.71	59295656.71
34. Total Contribution Refunds (from Line 28(d)) .....	30100000.00	42350000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16052136.71	16945656.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4777737.73	7028492.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1652991.64	3152991.64
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3124746.09	3875501.34

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 327  
 (check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. ADAMS, CAROL, , ,**

Mailing Address 6125 LUTHER LN  
STE 245

City DALLAS State TX Zip Code 75225

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2023

Transaction ID : SA11AI.6275

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address 6125 LUTHER LN  
STE 245

City DALLAS State TX Zip Code 75225

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2023

Transaction ID : SA11AI.6276

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address 6125 LUTHER LN  
STE 245

City DALLAS State TX Zip Code 75225

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023

Transaction ID : SA11AI.6277

Amount of Each Receipt this Period  
50000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. ADAMS, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 WESTOVER DR  
 PMB 12744  
 City SANFORD State NC Zip Code 27330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2023  
**Transaction ID : SA11AI.6165**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

**B. ADAMS, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 WESTOVER DR  
 PMB 12744  
 City SANFORD State NC Zip Code 27330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2023  
**Transaction ID : SA11AI.6166**  
 Amount of Each Receipt this Period  
 1000000.00  
 Memo Item

**C. ALVAREZ, MAXIMO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4834 NW 94TH DORAL PL  
 City MIAMI State FL Zip Code 33178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNSHINE GASOLINE DISTRIBUTOR Occupation (for Individual) CEO & PRESIDENT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023  
**Transaction ID : SA11AI.6192**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 327  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. ASKAR, CASEY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8101 RICHARDSON RD.  
STE 102

City COMMERCE TOWNSHIP	State MI	Zip Code 48025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ASKAR FAMILY OFFICE	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
76800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2023

**Transaction ID : SA11AI.6241**

Amount of Each Receipt this Period  
76800.00

Memo Item

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

Mailing Address 6000 LEGACY DR

City PLANO	State TX	Zip Code 75024
---------------	-------------	-------------------

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

Name of Employer (for Individual) BEAL BANK	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2023

**Transaction ID : SA11AI.6270**

Amount of Each Receipt this Period  
200000.00

Memo Item

**C. BEDNAR, EDWARD, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 439 N WENDOVER RD

City CHARLOTTE	State NC	Zip Code 28211
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BEDNAR COSMETIC SURGERY	Occupation (for Individual) RECONSTRUCTIVE SURGEON
--	---

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
07		19		2023

**Transaction ID : SA11AI.6168**

Amount of Each Receipt this Period  
10000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	286800.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. BESSENT, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 CHURCH ST.  
 City CHARLESTON State SC Zip Code 29401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEY SQUARE GROUP Occupation (for Individual) INVESTMENT MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt **12 / 28 / 2023**  
**Transaction ID : SA11AI.6173**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**B. BISHOP, GEORGE, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1425 LAKE FRONT CIRCLE STE 200  
 City THE WOODLANDS State TX Zip Code 77380  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEO SOUTHERN ENERGY CORP Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt **10 / 13 / 2023**  
**Transaction ID : SA11AI.6291**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item

**C. BOLLINGER, DONALD, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 POYDRAS ST. STE 2480  
 City NEW ORLEANS State LA Zip Code 70130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOLLINGER ENTERPRISES, LLC Occupation (for Individual) CHAIRMAN & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **07 / 24 / 2023**  
**Transaction ID : SA11AI.6260**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 327
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 10 OF 327
(check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. BRIGGS, CHRISTIAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 330 FRANKLIN RD
135A-386
City BRENTWOOD State TN Zip Code 37027
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) BMC CAPITAL INC Occupation (for Individual) CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 50000.00

Date of Receipt 08 / 29 / 2023
Transaction ID : SA11AI.6139
Amount of Each Receipt this Period 50000.00
Memo Item
PARTNERSHIP ATTRIBUTION: YUMA PROPERTIES LP [SA11AI:6373]

B. BUCKNER, CARL, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 7820 HWY 36 N
City BRENHAM State TX Zip Code 77833
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) TCB RENTAL, INC Occupation (for Individual) OWNER
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 100000.00

Date of Receipt 10 / 30 / 2023
Transaction ID : SA11AI.6295
Amount of Each Receipt this Period 100000.00
Memo Item

C. BUZBEE, FRANCES, MOODY, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1722 ROVER PALS BLVD
City HOUSTON State TX Zip Code 77019
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 100000.00

Date of Receipt 11 / 02 / 2023
Transaction ID : SA11AI.6281
Amount of Each Receipt this Period 100000.00
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 200000.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 327  
(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.**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CANIZARO, JOSEPH, C, ,**

Mailing Address **909 POYDRAS ST  
 STE 1700**

City **NEW ORLEANS** State **LA** Zip Code **70112**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**426800.00**

Date of Receipt  
**07 / 05 / 2023**

**Transaction ID : SA11AI.6258**

Amount of Each Receipt this Period  
**126800.00**

Memo Item

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

Mailing Address **745 BREEZE HILL RD.  
 APT 613**

City **VISTA** State **CA** Zip Code **92081**

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

Name of Employer (for Individual) **CAPOZZA VENTURES LLC** Occupation (for Individual) **PARTNER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt  
**09 / 28 / 2023**

**Transaction ID : SA11AI.6343**

Amount of Each Receipt this Period  
**50000.00**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**CARLTON, ANDREA, WAITT, ,**

Mailing Address **PO BOX 58258**

City **NASHVILLE** State **TN** Zip Code **37205**

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

Name of Employer (for Individual) **BASSAIDA INC** Occupation (for Individual) **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**88400.00**

Date of Receipt  
**08 / 15 / 2023**

**Transaction ID : SA11AI.6228**

Amount of Each Receipt this Period  
**88400.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **265200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. CARLTON, ANDREA, WAITT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 58258  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BASSAIDA INC Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 176800.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.6229**  
 Amount of Each Receipt this Period 88400.00  
 Memo Item

**B. CARROLL, MICHAEL, PATRICK, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 810 LAKEVIEW DR  
 City MIAMI BEACH State FL Zip Code 33140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARROLL ORGANIZATION Occupation (for Individual) FOUNDER/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 188400.00

Date of Receipt 12 / 11 / 2023  
**Transaction ID : SA11AI.6186**  
 Amount of Each Receipt this Period 188400.00  
 Memo Item

**C. CHURCHILL BUSINESS CONSULTANTS INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 W LEMON H  
 City LANCASTER State PA Zip Code 17607  
 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 ▼ 500000.00

Date of Receipt 08 / 03 / 2023  
**Transaction ID : SA11AI.6392**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	526800.00
<b>TOTAL</b> This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 13 OF 327
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
[X] 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

A. COOPERMAN, MILES, , ,
Mailing Address PO BOX 55397
City SHERMAN OAKS State CA Zip Code 91413
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 11600.00

Date of Receipt 09 / 19 / 2023
Transaction ID : SA11AI.6335
Amount of Each Receipt this Period 11600.00
Memo Item

B. COX, KAREN, Z, ,
Mailing Address PO BOX 4920
City KETCHUM State ID Zip Code 83340
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 50000.00

Date of Receipt 10 / 10 / 2023
Transaction ID : SA11AI.6305
Amount of Each Receipt this Period 50000.00
Memo Item

C. CROCKETT, DANIEL, , ,
Mailing Address 1629 WHISPERING HILLS DR.
City FRANKLIN State TN Zip Code 37069
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) FRANKLIN AMERICAN MORTGAGE Occupation (for Individual) PRESIDENT AND CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 100000.00

Date of Receipt 08 / 15 / 2023
Transaction ID : SA11AI.6219
Amount of Each Receipt this Period 100000.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 161600.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 OF 327  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. DAY, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 865 SO FIGUEROA STREET SUITE 700  
 City LOS ANGELES    State CA    Zip Code 90017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 29 / 2023  
**Transaction ID : SA11AI.6315**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**B. DICOSTANZO, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 PACIFIC MIST  
 City NEWPORT BEACH    State CA    Zip Code 92657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 25 / 2023  
**Transaction ID : SA11AI.6347**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

**C. DODDRIDGE, WILLIAM, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15732 TUSTIN VILLAGE WAY  
 City TUSTIN    State CA    Zip Code 92780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JEWELRY EXCHANGE    Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 10 / 10 / 2023  
**Transaction ID : SA11AI.6357**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 125000.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 15 OF 327
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. DON MCGILL OF KATY LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11800 OLD KATY RD  
 City HOUSTON State TX Zip Code 77079  
 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 ▼ 200000.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.6377**  
 Amount of Each Receipt this Period 200000.00  
 Memo Item  
 SEE PARTNERSHIP ATTRIBUTION [SA11AI.6133]

**B. DUGGAN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 N GARDEN AVE STE B  
 City CLEARWATER State FL Zip Code 33755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SELF-EMPLOYED ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5250000.00

Date of Receipt 10 / 30 / 2023  
**Transaction ID : SA11AI.6198**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**C. DUNN, TIMOTHY, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 52268  
 City MIDLAND State TX Zip Code 79710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 CROWNCREST CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 12 / 27 / 2023  
**Transaction ID : SA11AI.6301**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 327  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. ELLIOTT, BEVERLY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5685 PINEWOOD

City FRANKLIN	State TN	Zip Code 37064
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
130000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2023

**Transaction ID : SA11AI.6213**

Amount of Each Receipt this Period  
130000.00

Memo Item

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

Mailing Address 16047 COLLINS AVE

City SUNNY ISLES BEACH	State FL	Zip Code 33160
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) PREMIUM INSTALLATION & DESIGN	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2023

**Transaction ID : SA11AI.6190**

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
188400.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2023

**Transaction ID : SA11AI.6362**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 327  
(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. FOX, SAUL, , ,**

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2023

**Transaction ID : SA11AI.6363**

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 WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2023

**Transaction ID : SA11AI.6364**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
338400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2023

**Transaction ID : SA11AI.6365**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FOX, SAUL, , ,**

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
388400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2023

**Transaction ID : SA11AI.6366**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

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

Mailing Address 2105 WOODSIDE RD STE D

City WOODSIDE	State CA	Zip Code 94062
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) INVESTMENT MANAGER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
438400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2023

**Transaction ID : SA11AI.6367**

Amount of Each Receipt this Period  
50000.00

Memo Item

**C. FRECKA, DAVID, A, ,**

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

Mailing Address 50 N 3RD ST.

City NEWARK	State OH	Zip Code 43055
----------------	-------------	-------------------

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

Name of Employer (for Individual) NEXT GENERATION FILMS INC	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
999000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2023

**Transaction ID : SA11AI.6239**

Amount of Each Receipt this Period  
999000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1099000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FRENCH, MARCIA, FULLER, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 W WALL ST  
 City MIDLAND State TX Zip Code 79701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : SA11AI.6141**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item  
 SOLE PROPRIETOR ATTRIBUTION: LRF JR, LLC [SA11AI:6381]

**B. GENESIS LIFE LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 E FRONTAGE RD  
 City IOWA State LA Zip Code 70647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.6385**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 TAXED AS A CORPORATION

**C. GERSON, EL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10696  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : SA11AI.6252**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. GOODMAN, MEG, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 KIRBY DR  
 BOX 117

City HOUSTON State TX Zip Code 77019

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 11 / 17 / 2023  
**Transaction ID : SA11AI.6283**

Amount of Each Receipt this Period  
 50000.00

Memo Item

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

Mailing Address 9832 CALVIN AVE

City LOS ANGELES State CA Zip Code 91324

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 09 / 26 / 2023  
**Transaction ID : SA11AI.6333**

Amount of Each Receipt this Period  
 50000.00

Memo Item

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

Mailing Address PO BOX 49517

City LOS ANGELES State CA Zip Code 90049

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 20000.00

Date of Receipt  
 12 / 20 / 2023  
**Transaction ID : SA11AI.6317**

Amount of Each Receipt this Period  
 20000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. HAMM, HAROLD, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1295  
 City OKLAHOMA CITY State OK Zip Code 73101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONTINENTAL RESOURCES Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 200000.00

Date of Receipt 11 / 09 / 2023  
**Transaction ID : SA11AI.6264**  
 Amount of Each Receipt this Period 200000.00  
 Memo Item

**B. HARRISON, LAURIE, SANDS, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 CEDAR SPRINGS RD  
 City DALLAS State TX Zip Code 75201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE ROSEWOOD CORPORATION Occupation (for Individual) EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 50000.00

Date of Receipt 10 / 26 / 2023  
**Transaction ID : SA11AI.6272**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. HEARTON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 ANDERSON CT  
 City SATELLITE BEACH State FL Zip Code 32937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GEOWIRELESS, INC Occupation (for Individual) PRESIDENT & CEO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 100000.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : SA11AI.6184**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. HENDRICKS, DIANE, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ABC PKWY  
 City BELOIT State WI Zip Code 53511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HENDRICKS HOLDING CO INC Occupation (for Individual) CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt 09 / 07 / 2023  
**Transaction ID : SA11AI.6251**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item

**B. HERBSTER, CHARLES, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 549  
 City FALLS CITY State NE Zip Code 68355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : SA11AI.6254**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. HERBSTER, CHARLES, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 549  
 City FALLS CITY State NE Zip Code 68355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : SA11AI.6255**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5150000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 327
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HERBSTER, CHARLES, W, ,</b>		Date of Receipt MM / DD / YYYY 10 / 04 / 2023
Mailing Address PO BOX 549		<b>Transaction ID : SA11AI.6256</b>
City FALLS CITY	State NE	Zip Code 68355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FARMER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. HERBSTER, CHARLES, W, ,</b>		Date of Receipt MM / DD / YYYY 11 / 09 / 2023
Mailing Address PO BOX 549		<b>Transaction ID : SA11AI.6257</b>
City FALLS CITY	State NE	Zip Code 68355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75000.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) FARMER	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HILTON, INC.</b>		Date of Receipt MM / DD / YYYY 11 / 08 / 2023
Mailing Address P.O. BOX 18049		<b>Transaction ID : SA11AI.6394</b>
City PANAMA CITY BEACH	State FL	Zip Code 32417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200000.00
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 327  
(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. HODGES, MICHAEL, , ,**

Mailing Address 100 OCEANSIDE DR

City NASHVILLE State TN Zip Code 37204

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

Name of Employer (for Individual) ADVANCE FINANCIAL Occupation (for Individual) CHAIRMAN

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  
07 / 12 / 2023

Transaction ID : SA11AI.6222

Amount of Each Receipt this Period  
150000.00

Memo Item

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

Mailing Address 100 OCEANSIDE DR

City NASHVILLE State TN Zip Code 37204

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

Name of Employer (for Individual) ADVANCE FINANCIAL Occupation (for Individual) CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2023

Transaction ID : SA11AI.6223

Amount of Each Receipt this Period  
75000.00

Memo Item

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

Mailing Address 100 OCEANSIDE DR

City NASHVILLE State TN Zip Code 37204

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

Name of Employer (for Individual) ADVANCE FINANCIAL Occupation (for Individual) CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2023

Transaction ID : SA11AI.6224

Amount of Each Receipt this Period  
75000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300000.00

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



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

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

FOR LINE NUMBER: PAGE 25 OF 327  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Mailing Address 100 OCEANSIDE DR

City NASHVILLE	State TN	Zip Code 37204
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ADVANCE FINANCIAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

**Transaction ID : SA11AI.6225**

Amount of Each Receipt this Period  
150000.00

Memo Item

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

Mailing Address 100 OCEANSIDE DR

City NASHVILLE	State TN	Zip Code 37204
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ADVANCE FINANCIAL	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2023

**Transaction ID : SA11AI.6226**

Amount of Each Receipt this Period  
50000.00

Memo Item

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

Mailing Address P.O. BOX 16842

City SAN JUAN	State PR	Zip Code 00908
------------------	-------------	-------------------

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

Name of Employer (for Individual) ADVANCE FINANCIAL	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2023

**Transaction ID : SA11AI.6147**

Amount of Each Receipt this Period  
75000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. HODGES, TINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 16842

City SAN JUAN	State PR	Zip Code 00908
------------------	-------------	-------------------

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

Name of Employer (for Individual) ADVANCE FINANCIAL	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2023

**Transaction ID : SA11AI.6148**

Amount of Each Receipt this Period  
75000.00

Memo Item

**B. HODGES, TINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 16842

City SAN JUAN	State PR	Zip Code 00908
------------------	-------------	-------------------

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

Name of Employer (for Individual) ADVANCE FINANCIAL	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2023

**Transaction ID : SA11AI.6149**

Amount of Each Receipt this Period  
50000.00

Memo Item

**C. HOFF-O'NEILL, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 FAIR VALLEY

City COTO DE CAZA	State CA	Zip Code 92679
----------------------	-------------	-------------------

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

Name of Employer (for Individual) PYRAMID COMM	Occupation (for Individual) OWNER
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2023

**Transaction ID : SA11AI.6355**

Amount of Each Receipt this Period  
100000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 327  
(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. JACOBS, JAMES, , ,**

Mailing Address **4407 SOUTH IH-35 #203**

City **GEORGETOWN** State **TX** Zip Code **78626**

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

Name of Employer (for Individual) **GRAND ENDEAVOR HOMES** Occupation (for Individual) **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **37500.00**

Date of Receipt **07 / 24 / 2023**

**Transaction ID : SA11AI.6299**

Amount of Each Receipt this Period **37500.00**

Memo Item

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

Mailing Address **4407 SOUTH IH-35 #203**

City **GEORGETOWN** State **TX** Zip Code **78626**

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

Name of Employer (for Individual) **SELF-EMPLOYED** Occupation (for Individual) **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **37500.00**

Date of Receipt **07 / 24 / 2023**

**Transaction ID : SA11AI.6297**

Amount of Each Receipt this Period **37500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. JETT, ANN, L, ,**

Mailing Address **1862 MORA AVE**

City **SANTA YNEZ** State **CA** Zip Code **93460**

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt **10 / 04 / 2023**

**Transaction ID : SA11AI.6361**

Amount of Each Receipt this Period **25000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **100000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. JETT, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1862 MORA AVE  
 City SANTA YNEZ State CA Zip Code 93460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2023  
**Transaction ID : SA11AI.6359**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**B. JONES, JANIE, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1015  
 City CLEVELAND State TN Zip Code 37364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2023  
**Transaction ID : SA11AI.6137**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item  
 PARTNERSHIP ATTRIBUTION: JONES CAPITALCORP LLC [SA11AI:6375]

**C. JONES, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2281 REYNARD WOODS RD.  
 City CHARLOTTESVILLE State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PAVILION PROPERTIES Occupation (for Individual) COMMERCIAL REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 04 / 2023  
**Transaction ID : SA11AI.6163**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. JONES, W., ALLAN, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1015  
 City CLEVELAND State TN Zip Code 37364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : SA11AI.6135**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 PARTNERSHIP ATTRIBUTION: JONES CAPITALCORP LLC [SA11AI:6375]

**B. JONES CAPITALCORP LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1015  
 City CLEVELAND State TN Zip Code 37364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : SA11AI.6375**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 SEE PARTNERSHIP ATTRIBUTIONS [SA11AI.6135;SA11AI:6137]

**C. KEADLE, STEVE, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 THOMAS ST.  
 City THOMASTON State GA Zip Code 30286  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KEADLE LAND CO. LLCP Occupation (for Individual) TIMBERLAND  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 07 / 24 / 2023  
**Transaction ID : SA11AI.6175**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 327
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. KUMAR, SHALABH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4140 UTICA RIDGE RD  
 City BETTENDORF State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 18 / 2023  
**Transaction ID : SA11AI.6249**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**B. LACORTE, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 HARBOR BLVD UNIT 6I  
 City DESTIN State FL Zip Code 32541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 15 / 2023  
**Transaction ID : SA11AI.6143**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item  
 SOLE PROPRIETOR ATTRIBUTION: NORTHLINE INVESTMENTS LLC [SA11AI:6379]

**C. LEWIS, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10100 EMPYREAN WAY  
 City LOS ANGELES State CA Zip Code 90067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 25 / 2023  
**Transaction ID : SA11AI.6319**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. LIGHTHOUSE WORLDWIDE SOLUTIONS INC.**

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

Mailing Address 47509 SEABRIDGE DR.

City FREMONT	State CA	Zip Code 94538
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 27 / 2023

**Transaction ID : SA11AI.6404**

Amount of Each Receipt this Period  
50000.00

Memo Item

**B. LOGES, VICKI, , ,**

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

Mailing Address 14038 SW 7TH PL.

City NEWBERRY	State FL	Zip Code 32669
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2023

**Transaction ID : SA11AI.6183**

Amount of Each Receipt this Period  
200000.00

Memo Item

**C. LOMANGINO, ANTHONY, , ,**

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

Mailing Address 1620 S OCEAN BLVD

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
SELF-EMPLOYED	WASTE MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2023

**Transaction ID : SA11AI.6193**

Amount of Each Receipt this Period  
200000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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.**

**A. LORBER, HOWARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1525 N VIEW DR  
 City MIAMI BEACH State FL Zip Code 33140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VECTOR GROUP LTD Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **12 / 13 / 2023**  
**Transaction ID : SA11AI.6188**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**B. LRF JR, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1010 W WALL ST.  
 City MIDLAND State TX Zip Code 79701  
 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 ▼ 1000000.00

Date of Receipt **07 / 24 / 2023**  
**Transaction ID : SA11AI.6381**  
 Amount of Each Receipt this Period 1000000.00  
 Memo Item  
 SEE SOLE PROPRIETOR ATTRIBUTION [SA11AI.6141]

**C. LUGLIANI, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 VIA PANORAMA  
 City PALOS VERDES State CA Zip Code 90274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **09 / 28 / 2023**  
**Transaction ID : SA11AI.6325**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. LUTNICK, HOWARD, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 E 71ST ST  
 City NEW YORK State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CANTOR FITZGERALD Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2023  
**Transaction ID : SA11AI.6156**  
 Amount of Each Receipt this Period  
 250000.00  
 Memo Item

**B. MAGOWAN, DEBORAH, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 WASHINGTON ST  
 City SAN FRANCISCO State CA Zip Code 94109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 08 / 2023  
**Transaction ID : SA11AI.6369**  
 Amount of Each Receipt this Period  
 100000.00  
 Memo Item

**C. MARCUS, BERNARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1266 W PACES PERRY RD #615  
 City ATLANTA State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2023  
**Transaction ID : SA11AI.6177**  
 Amount of Each Receipt this Period  
 1000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MARD ENERGY SOLUTIONS LLC**

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

Mailing Address 82 SUMMER PLACE CT

City BREVARD	State NC	Zip Code 28712
-----------------	-------------	-------------------

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 ▼  
38400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 19 / 2023

**Transaction ID : SA11AI.6383**

Amount of Each Receipt this Period  
38400.00

Memo Item

TAXED AS A CORPORATION

**B. MARLING, ROBERT, E, ,**

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

Mailing Address 301 RELENTLESS DR

City MONTGOMERY	State TX	Zip Code 77316
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023

**Transaction ID : SA11AI.6289**

Amount of Each Receipt this Period  
250000.00

Memo Item

**C. MARTIN, JO, SLOAN, ,**

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

Mailing Address PO BOX 560

City MILFORD	State IA	Zip Code 51351
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2023

**Transaction ID : SA11AI.6246**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MCCALMON, REBA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 STILL HOUSE HOLLOW RD  
 City FRANKLIN State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 09 / 22 / 2023  
**Transaction ID : SA11AI.6215**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**B. MCCALMON, RODGAR, C, , SR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 STILL HOUSE HOLLOW RD  
 City FRANKLIN State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 09 / 22 / 2023  
**Transaction ID : SA11AI.6217**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. MCCOURT, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 NORTH BREAKERS ROW  
 City PALM BEACH State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 09 / 26 / 2023  
**Transaction ID : SA11AI.6195**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MCFADDEN, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2929 WESLAYAN ST.  
 APT 3502  
 City HOUSTON State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2023  
**Transaction ID : SA11AI.6285**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

**B. MCGILL, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21555 KATY FREEWAY  
 City KATY State TX Zip Code 77450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DON MCGILL OF KATY LLC Occupation (for Individual) AUTO DEALER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2023  
**Transaction ID : SA11AI.6133**  
 Amount of Each Receipt this Period  
 200000.00  
 Memo Item  
 PARTNERSHIP ATTRIBUTION: DON MCGILL OF KATY LLC [SA11AI:6377]

**C. MCMAHON, LINDA, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HURLINGHAM DRIVE  
 City GREENWICH State CT Zip Code 06831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICA FIRST POLICY INSTITUTE Occupation (for Individual) CHAIR  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 250000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2023  
**Transaction ID : SA11AI.6151**  
 Amount of Each Receipt this Period  
 250000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MCAHON, LINDA, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HURLINGHAM DRIVE  
 City GREENWICH State CT Zip Code 06831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICA FIRST POLICY INSTITUTE Occupation (for Individual) CHAIR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5250000.00

Date of Receipt **12 / 20 / 2023**  
**Transaction ID : SA11AI.6152**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item

**B. MELLON, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1500  
 City SARATOGA State WY Zip Code 82331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000000.00

Date of Receipt **07 / 10 / 2023**  
**Transaction ID : SA11AI.6302**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item

**C. MELLON, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1500  
 City SARATOGA State WY Zip Code 82331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTMENTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000000.00

Date of Receipt **08 / 16 / 2023**  
**Transaction ID : SA11AI.6303**  
 Amount of Each Receipt this Period 5000000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 327
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MEYER, BRITT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 VON KARMAN AVE.  
 City NEWPORT BEACH State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt **11 / 28 / 2023**  
**Transaction ID : SA11AI.6349**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**B. MILLER, CYNDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 DEVENS DR  
 City BRENTWOOD State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2083.65

Date of Receipt **07 / 28 / 2023**  
**Transaction ID : SA11AI.6207**  
 Amount of Each Receipt this Period 2083.65  
 Memo Item

**C. MOBLEY, CLAYTON, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 IRVING RD.  
 City HOMEWOOD State AL Zip Code 35209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABACUS INVESTMENTS Occupation (for Individual) CO-FOUNDER & MANAGING PARTNE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **08 / 29 / 2023**  
**Transaction ID : SA11AI.6202**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ► 152083.65  
**TOTAL** This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 39 OF 327  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. MORRIS, GLENN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1192 CUMBERLAND RD.

City CHATTANOOGA	State TN	Zip Code 37419
---------------------	-------------	-------------------

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

Name of Employer (for Individual) M&M INDUSTRIES, INC.	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2023

**Transaction ID : SA11AI.6233**

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address 1192 CUMBERLAND RD.

City CHATTANOOGA	State TN	Zip Code 37419
---------------------	-------------	-------------------

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

Name of Employer (for Individual) M&M INDUSTRIES, INC.	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225000.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2023

**Transaction ID : SA11AI.6236**

Amount of Each Receipt this Period  
125000.00

Memo Item

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

Mailing Address 1192 CUMBERLAND RD.

City CHATTANOOGA	State TN	Zip Code 37419
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2023

**Transaction ID : SA11AI.6235**

Amount of Each Receipt this Period  
100000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 327  
(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.**

**A. MORRIS, SUZANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1192 CUMBERLAND RD.  
 City CHATTANOOGA    State TN    Zip Code 37419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **HOMEMAKER**    Occupation (for Individual) **HOMEMAKER**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225000.00**

Date of Receipt **11 / 01 / 2023**  
**Transaction ID : SA11AI.6237**  
 Amount of Each Receipt this Period **125000.00**  
 Memo Item

**B. MUTH, RICHARD, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11100 BEACH BLVD  
 City STANTON    State CA    Zip Code 90680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) **ORCO BLOCK CO**    Occupation (for Individual) **PRESIDENT**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ **50000.00**

Date of Receipt **10 / 10 / 2023**  
**Transaction ID : SA11AI.6331**  
 Amount of Each Receipt this Period **50000.00**  
 Memo Item

**C. NATURES BEST INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. BOX 1967  
 City IOWA    State LA    Zip Code 70647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual)    Occupation (for Individual)  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ **25000.00**

Date of Receipt **08 / 07 / 2023**  
**Transaction ID : SA11AI.6400**  
 Amount of Each Receipt this Period **25000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200000.00**  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 327  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. NEWLIN, DANIEL, J, ,**

Mailing Address **9807 GROSVENOR POINTE CIR**

City <b>WINDERMERE</b>	State <b>FL</b>	Zip Code <b>34786</b>
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>SELF-EMPLOYED</b>	Occupation (for Individual) <b>ATTORNEY</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2023**

**Transaction ID : SA11AI.6200**

Amount of Each Receipt this Period  
**1000000.00**

Memo Item

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

Mailing Address **2885 LAKERIDGE SHORES E.**

City <b>RENO</b>	State <b>NV</b>	Zip Code <b>89519</b>
---------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>SELF-EMPLOYED</b>	Occupation (for Individual) <b>DESIGNER</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**488400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2023**

**Transaction ID : SA11AI.6313**

Amount of Each Receipt this Period  
**488400.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. NORMAN, ROGER, WILLIAM, ,**

Mailing Address **2885 LAKERIDGE SHORES E.**

City <b>RENO</b>	State <b>NV</b>	Zip Code <b>89519</b>
---------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>SELF-EMPLOYED</b>	Occupation (for Individual) <b>REAL ESTATE</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**488400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2023**

**Transaction ID : SA11AI.6311**

Amount of Each Receipt this Period  
**488400.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1976800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. NORTHLINE INVESTMENTS LLC**

Mailing Address 519 METAIRIE RD.

City METAIRIE	State LA	Zip Code 70005
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 24 / 2023

**Transaction ID : SA11AI.6379**

Amount of Each Receipt this Period  
100000.00

Memo Item

SEE SOLE PROPRIETOR ATTRIBUTION [SA11AI.6143]

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. PACE, CHARLES, PHILIP, ,**

Mailing Address 15635 PASEO PENASCO

City ESCONDIDO	State CA	Zip Code 92025
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2023

**Transaction ID : SA11AI.6341**

Amount of Each Receipt this Period  
100000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PALMER, GEOFFREY, H, ,**

Mailing Address 270 N CANON DR  
PENTHOUSE

City BEVERLY HILLS	State CA	Zip Code 90210
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) GH PALMER & ASSOCIATES	Occupation (for Individual) FOUNDER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2023

**Transaction ID : SA11AI.6321**

Amount of Each Receipt this Period  
1000000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 OF 327  
(check only one)

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

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. PATE, LUTHER, S., IV**

Mailing Address 1301 INDUSTRIAL PARK DR.

City TUSCALOOSA	State AL	Zip Code 35401
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) REAL ESTATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2023

**Transaction ID : SA11AI.6203**

Amount of Each Receipt this Period  
250000.00

Memo Item

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

Mailing Address 2555 S TELEGRAPH RD.

City BLOFOMFIELD HILLS	State MI	Zip Code 48302
---------------------------	-------------	-------------------

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

Name of Employer (for Individual) PENSKE CORPORATION	Occupation (for Individual) CHAIRMAN & CEO
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2023

**Transaction ID : SA11AI.6243**

Amount of Each Receipt this Period  
100000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. PERI, JAMES, B., ,**

Mailing Address 6705 DE CHARDIN LN

City RENO	State NV	Zip Code 89511
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
23200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2023

**Transaction ID : SA11AI.6309**

Amount of Each Receipt this Period  
23200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	373200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. PRICE, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18434 COASTLINE DR  
 City MALIBU State CA Zip Code 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 76800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2023  
**Transaction ID : SA11AI.6323**  
 Amount of Each Receipt this Period  
 76800.00  
 Memo Item

**B. PROGRESSIVE MERCHANTS INC.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 E FRONTAGE RD  
 City IOWA State LA Zip Code 70647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2023  
**Transaction ID : SA11AI.6402**  
 Amount of Each Receipt this Period  
 25000.00  
 Memo Item

**C. PUZDER, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5102 PICKNEY DR.  
 City BRENTWOOD State TN Zip Code 37027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2023  
**Transaction ID : SA11AI.6209**  
 Amount of Each Receipt this Period  
 50000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	151800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 45 OF 327  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. PUZDER, DEANNA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5102 PICKNEY DR.

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  
08 / 15 / 2023  
Transaction ID : SA11AI.6211

Amount of Each Receipt this Period  
50000.00

Memo Item

**B. QAZI, MOHAMMAD, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6405 MIDDLEBELT RD

City W BLOOMFIELD	State MI	Zip Code 48322
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CIENA HEALTHCARE	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
12 / 13 / 2023  
Transaction ID : SA11AI.6245

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address PO BOX 195158

City DALLAS	State TX	Zip Code 75219
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
476800.00

Date of Receipt  
12 / 13 / 2023  
Transaction ID : SA11AI.6274

Amount of Each Receipt this Period  
476800.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	626800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 327  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ROBERTS, KELLY, , ,**

Mailing Address 4100 NEWPORT PL  
STE 400

City NEWPORT BEACH State CA Zip Code 92660

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

Name of Employer (for Individual) ENTREPRENEURIAL CORP GROUP Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
10 / 10 / 2023  
Transaction ID : SA11AI.6351

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address 1277 PORTER RD

City FLOWER MOUND State TX Zip Code 75022

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
10 / 30 / 2023  
Transaction ID : SA11AI.6268

Amount of Each Receipt this Period  
75000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. ROGERS, JOHN, T, ,**

Mailing Address 1983 W. 190TH ST.  
STE 100

City TORRANCE State CA Zip Code 90504

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
08 / 28 / 2023  
Transaction ID : SA11AI.6327

Amount of Each Receipt this Period  
75000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. ROGERS, TWANNA, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1983 W 190TH ST.  
 STE 100  
 City TORRANCE State CA Zip Code 90504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 75000.00

Date of Receipt 08 / 28 / 2023  
**Transaction ID : SA11AI.6329**  
 Amount of Each Receipt this Period 75000.00  
 Memo Item

**B. SANCTUARY LOUISIANA LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21089 S FRONTAGE RD  
 City IOWA State LA Zip Code 70647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 08 / 31 / 2023  
**Transaction ID : SA11AI.6387**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item  
 TAXED AS A CORPORATION

**C. SCARPA, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1676 S. OCEAN BLVD  
 City PALM BEACH State FL Zip Code 33480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) INVESTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 22 / 2023  
**Transaction ID : SA11AI.6197**  
 Amount of Each Receipt this Period 25000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 327
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. SHAFFER, DAVID, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3589 JESSIE DUPONT MEMORIAL HWY

City HEATHSVILLE	State VA	Zip Code 22473
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

**Transaction ID : SA11AI.6161**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 3589 JESSIE DUPONT MEMORIAL HWY

City HEATHSVILLE	State VA	Zip Code 22473
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2023

**Transaction ID : SA11AI.6159**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 66 WINDWARD CV

City SPRING	State TX	Zip Code 77381
----------------	-------------	-------------------

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

Name of Employer (for Individual) FAROUK SYSTEMS	Occupation (for Individual) CHAIRMAN
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2023

**Transaction ID : SA11AI.6293**

Amount of Each Receipt this Period  
100000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100500.00
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 49 OF 327
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. SHEEHY, ELIZABETH, ANN, ,**

Mailing Address 1365 FALLS DR E

City HIGHLANDS	State NC	Zip Code 28741
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2023

**Transaction ID : SA11AI.6169**

Amount of Each Receipt this Period  
50000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SHEEHY, ELIZABETH, ANN, ,**

Mailing Address 1365 FALLS DR E

City HIGHLANDS	State NC	Zip Code 28741
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2023

**Transaction ID : SA11AI.6170**

Amount of Each Receipt this Period  
100000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. SHEEHY, ELIZABETH, ANN, ,**

Mailing Address 1365 FALLS DR E

City HIGHLANDS	State NC	Zip Code 28741
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		27		2023

**Transaction ID : SA11AI.6171**

Amount of Each Receipt this Period  
15000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. SHIRVANIAN, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 CORPORATE PLAZA DR  
 STE 24  
 City NEWPORT BEACH State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KOMAR INVESTMENTS LLC Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 14 / 2023  
**Transaction ID : SA11AI.6353**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**B. SHULTZ, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12555 ROLLING HILLS RD  
 City MONMOUTH State OR Zip Code 97361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) ELIJAH LIST PUBLICATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 16 / 2023  
**Transaction ID : SA11AI.6371**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item

**C. SMITH, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5484 LICKTON PIKE  
 City GOODLETTSVILLE State TN Zip Code 37072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) INFORMATION REQUESTED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 10 / 16 / 2023  
**Transaction ID : SA11AI.6221**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200000.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. SMYRNA READY MIX CONCRETE LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 HOLLINGSHEAD CIR  
 City MURFREESBORO State TN Zip Code 37129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt: 09 / 06 / 2023  
**Transaction ID : SA11AI.6396**  
 Amount of Each Receipt this Period: 50000.00  
 Memo Item

**B. SNELLING, GEORGE, N, , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 BRAE BURN DR  
 City MARTINEZ State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 RETIRED RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 76800.00

Date of Receipt: 11 / 27 / 2023  
**Transaction ID : SA11AI.6181**  
 Amount of Each Receipt this Period: 76800.00  
 Memo Item

**C. SUNBEAM SOLUTIONS LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 W FRANKLIN ST  
 City TUPELO State MS Zip Code 38804  
 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 ▼ 200000.00

Date of Receipt: 07 / 07 / 2023  
**Transaction ID : SA11AI.6398**  
 Amount of Each Receipt this Period: 200000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	326800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 327
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. TAYLOR, TERRY BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11039 ASHBORO AVE  
 City LAS VEGAS State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOLDFINGER HOLDINGS INC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 56200.00

Date of Receipt **08 / 18 / 2023**  
**Transaction ID : SA11AI.6307**  
 Amount of Each Receipt this Period 56200.00  
 Memo Item

**B. TROUTT, KENNY, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10595 STRAIT LANE  
 City DALLAS State TX Zip Code 74229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EXCEL COMMUNICATIONS Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt **07 / 24 / 2023**  
**Transaction ID : SA11AI.6266**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

**C. TROUTT, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10595 STRAIT LANE  
 City DALLAS State TX Zip Code 75229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250000.00

Date of Receipt **07 / 24 / 2023**  
**Transaction ID : SA11AI.6279**  
 Amount of Each Receipt this Period 250000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	556200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. TURK, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1025 PACIFIC BEACH DR.  
 City SAN DIEGO State CA Zip Code 92109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KDTK INC Occupation (for Individual) GENERAL CONTRACTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 30000.00

Date of Receipt 10 / 19 / 2023  
**Transaction ID : SA11AI.6345**  
 Amount of Each Receipt this Period 30000.00  
 Memo Item

**B. UNANUE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 COUNTY RD  
 City JERSEY CITY State NJ Zip Code 07307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GOYA FOODS, INC. Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 11 / 08 / 2023  
**Transaction ID : SA11AI.6154**  
 Amount of Each Receipt this Period 100000.00  
 Memo Item

**C. WAITT, SAMUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 CANTERBURY LANE  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUSHMORE LLC Occupation (for Individual) ASSOCIATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 11600.00

Date of Receipt 08 / 15 / 2023  
**Transaction ID : SA11AI.6231**  
 Amount of Each Receipt this Period 11600.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 OF 327  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. WARD, MARK, V, ,**

Mailing Address 18830 WINDWARD LN

City HOUSTON	State TX	Zip Code 77058
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
85000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2023

**Transaction ID : SA11AI.6287**

Amount of Each Receipt this Period  
85000.00

Memo Item

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

Mailing Address 21 EDGEFIELD WAY

City ANNISTON	State AL	Zip Code 36207
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2023

**Transaction ID : SA11AI.6205**

Amount of Each Receipt this Period  
100000.00

Memo Item

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

Mailing Address 2569 BLALOCK GOLDMINE RD.

City CLAYTON	State GA	Zip Code 30525
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CONSTELLATIONS GROUP	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2023

**Transaction ID : SA11AI.6179**

Amount of Each Receipt this Period  
25000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 327
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. WITKOFF, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 233 BROADWAY  
STE 2305

City NEW YORK State NY Zip Code 10279

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

Name of Employer (for Individual) THE WITKOFF GROUP Occupation (for Individual) REAL ESTATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 12 / 27 / 2023  
**Transaction ID : SA11AI.6157**

Amount of Each Receipt this Period 250000.00

Memo Item

**B. YUMA PROPERTIES, LP**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 330 FRANKLIN RD. 135A-386

City BRENTWOOD State TN Zip Code 37027

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 08 / 29 / 2023  
**Transaction ID : SA11AI.6373**

Amount of Each Receipt this Period 50000.00

Memo Item  
 SEE PARTNERSHIP ATTRIBUTION [SA11AI.6139]

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

Mailing Address 497 PINE NEEDLES DR

City DEL MAR State CA Zip Code 92014

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 25 / 2023  
**Transaction ID : SA11AI.6339**

Amount of Each Receipt this Period 50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 327
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 <b>A. ZABLE, WALTER, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2023
Mailing Address 497 PINE NEEDLES DR		<b>Transaction ID : SA11AI.6337</b>
City DEL MAR	State CA	Zip Code 92014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ZUSCHLAG, RICHARD, E, ,</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2023
Mailing Address 108 ASTORIA LOOP		<b>Transaction ID : SA11AI.6262</b>
City LAFAYETTE	State LA	Zip Code 70508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100000.00
Name of Employer (for Individual) ACADIAN AMBULANCE SERVICE	Occupation (for Individual) CHAIRMAN & CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100000.00	

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150000.00
<b>TOTAL</b> This Period (last page this line number only).....	44900583.65



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 327
	<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.**

**A. 34N22, INC.**

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

Mailing Address **C/O BULLDOG COMPLIANCE**  
**138 CONANT STREET STE 401**

City **BEVERLY** State **MA** Zip Code **01915**

FEC ID number of contributing federal political committee. **C C00789339**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200000.00**

Date of Receipt  
**10 / 19 / 2023**

**Transaction ID : SA11C.6406**

Amount of Each Receipt this Period  
**200000.00**

Memo Item

**B. AMERICA FIRST ACTION, INC.**

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

Mailing Address **1900 CAMPUS COMMONS DR.**  
**SUITE 100**

City **RESTON** State **VA** Zip Code **20191**

FEC 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 ▼  
**1000000.00**

Date of Receipt  
**12 / 05 / 2023**

**Transaction ID : SA11C.6408**

Amount of Each Receipt this Period  
**1000000.00**

Memo Item

**C. DUTY, HONOR, COURAGE**

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

Mailing Address **PO BOX 183**

City **HUDSON** State **WI** Zip Code **54016**

FEC ID number of contributing federal political committee. **C C00842146**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**50000.00**

Date of Receipt  
**12 / 14 / 2023**

**Transaction ID : SA11C.6412**

Amount of Each Receipt this Period  
**50000.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 58 OF 327	
(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.**

**A. PATRIOTS OF AMERICA PAC**

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

Mailing Address 441 N LEE ST  
STE 100

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00739151

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1533.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2023

**Transaction ID : SA11C.6410**

Amount of Each Receipt this Period  
1533.06

Memo Item

**B.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1533.06
<b>TOTAL</b> This Period (last page this line number only).....▶	1251533.06

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 327
<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 checked="" 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.**

**A. DEL RAY MEDIA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 LESIE AVE  
 City ALEXANDRIA State VA Zip Code 22301  
 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 ▼ 530066.70

Date of Receipt 12 / 05 / 2023  
**Transaction ID : SA15.6390**  
 Amount of Each Receipt this Period 530066.70  
 Memo Item  
**VENDOR REFUND: OVERPAYMENT**

**B. DEL RAY MEDIA**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 LESIE AVE  
 City ALEXANDRIA State VA Zip Code 22301  
 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 ▼ 1030066.70

Date of Receipt 12 / 29 / 2023  
**Transaction ID : SA15.6389**  
 Amount of Each Receipt this Period 500000.00  
 Memo Item  
**VENDOR REFUND: OVERPAYMENT**

**C. MULTI MEDIA SERVICES, INCORPORATED**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 KING ST  
 2ND FLOOR  
 City ALEXANDRIA State VA Zip Code 22314  
 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 ▼ 2122791.25

Date of Receipt 12 / 26 / 2023  
**Transaction ID : SA15.6131**  
 Amount of Each Receipt this Period 622791.25  
 Memo Item  
**VENDOR REFUND: OVERPAYMENT**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1652857.95
<b>TOTAL</b> This Period (last page this line number only).....	1652857.95

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. 305SUNNSHINE STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5338</b>
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Amount of Each Disbursement this Period [ ] 23200.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>B. 305SUNNSHINE STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5339</b>
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Amount of Each Disbursement this Period [ ] 23200.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

Full Name (Last, First, Middle Initial) <b>C. 305SUNNSHINE STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5340</b>
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement RESEARCH CONSULTING		Amount of Each Disbursement this Period [ ] 23200.00
Candidate Name		Category/Type [ ]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: [ ]	District: [ ]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 69600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. 305SUNNSHINE STRATEGIES**

Mailing Address 7901 4TH ST N  
STE 300

City  
ST PETERSBURG

State  
FL

Zip Code  
33702

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5341

Amount of Each Disbursement this Period

[REDACTED] 23200.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 305SUNNSHINE STRATEGIES**

Mailing Address 7901 4TH ST N  
STE 300

City  
ST PETERSBURG

State  
FL

Zip Code  
33702

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5342

Amount of Each Disbursement this Period

[REDACTED] 23200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 305SUNNSHINE STRATEGIES**

Mailing Address 7901 4TH ST N  
STE 300

City  
ST PETERSBURG

State  
FL

Zip Code  
33702

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5343

Amount of Each Disbursement this Period

[REDACTED] 23200.00

Memo Item

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

[REDACTED] 69600.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. 305SUNNSHINE STRATEGIES**

Mailing Address 7901 4TH ST N  
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5344

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 305SUNNSHINE STRATEGIES**

Mailing Address 7901 4TH ST N  
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5345

Amount of Each Disbursement this Period

[REDACTED] 23200.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. 8TH & ROAST**

Mailing Address 1 TERMINAL DR

City NASHVILLE State TN Zip Code 37214-4112

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6026

Amount of Each Disbursement this Period

[REDACTED] 11.94

Memo Item

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

[REDACTED] 25700.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. AC HOTEL BY MARRIOTT BRIDGEWATER**

Full Name (Last, First, Middle Initial)

Mailing Address 600 SOMERSET CORPORATE BLVD

City BRIDGEWATER State NJ Zip Code 08807

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement: 06 / 15 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.6017  
Amount of Each Disbursement this Period: 484.82

Memo Item

**B. AC HOTEL BY MARRIOTT BRIDGEWATER**

Full Name (Last, First, Middle Initial)

Mailing Address 600 SOMERSET CORPORATE BLVD

City BRIDGEWATER State NJ Zip Code 08807

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement: 07 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.6018  
Amount of Each Disbursement this Period: 354.65

Memo Item

**C. ADOLPHUS HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 1321 COMMERCE STREET

City DALLAS State TX Zip Code 75202

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: LODGING

Candidate Name

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

State: District:

Date of Disbursement: 08 / 19 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5868  
Amount of Each Disbursement this Period: 358.86

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. AFCO**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 371889

City PITTSBURGH State PA Zip Code 15250

Purpose of Disbursement  
INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5346

Amount of Each Disbursement this Period: 14586.21

Memo Item

**B. AL FRESCO RESTAURANT**

Full Name (Last, First, Middle Initial)

Mailing Address 2345 SOUTH OCEAN BLVD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6029

Amount of Each Disbursement this Period: 95.18

Memo Item

**C. AL FRESCO RESTAURANT**

Full Name (Last, First, Middle Initial)

Mailing Address 2345 SOUTH OCEAN BLVD

City PALM BEACH State FL Zip Code 33480

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6028

Amount of Each Disbursement this Period: 72.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14586.21

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. ALLEGIANT AIR

Mailing Address 1201 NORTH TOWN CTR DR STE 110

City  
LAS VEGAS

State  
NV

Zip Code  
89144

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

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
0	7		2	2		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5866**

Amount of Each Disbursement this Period

313.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

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
0	5		0	4		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5775**

Amount of Each Disbursement this Period

297.81

Memo Item

Full Name (Last, First, Middle Initial)

### C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

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
0	5		0	4		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5777**

Amount of Each Disbursement this Period

14.99

Memo Item

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

0.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR WIFI

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5776**

Amount of Each Disbursement this Period

[REDACTED] 49.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5788**

Amount of Each Disbursement this Period

[REDACTED] 356.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5789**

Amount of Each Disbursement this Period

[REDACTED] 598.20

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5791

Amount of Each Disbursement this Period

[REDACTED] 378.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5792

Amount of Each Disbursement this Period

[REDACTED] 443.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5828

Amount of Each Disbursement this Period

[REDACTED] 378.20

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5829

Amount of Each Disbursement this Period

[REDACTED] 443.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5830

Amount of Each Disbursement this Period

[REDACTED] 582.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5793

Amount of Each Disbursement this Period

[REDACTED] 396.90

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: AIR

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5798**

Amount of Each Disbursement this Period

1916.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5831**

Amount of Each Disbursement this Period

394.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5832**

Amount of Each Disbursement this Period

394.20

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2023	
Mailing Address 1 SKYVIEW DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5833</b>	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 597.40
Purpose of Disbursement CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR		Category/ Type	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2023	
Mailing Address 1 SKYVIEW DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5763</b>	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 243.70
Purpose of Disbursement REIMBURSEMENT [SB21B.5696]: TRAVEL: AIR		Category/ Type	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2023	
Mailing Address 1 SKYVIEW DR		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5762</b>	
City FORT WORTH	State TX	Zip Code 76155	Amount of Each Disbursement this Period 192.20
Purpose of Disbursement REIMBURSEMENT [SB21B.5696]: TRAVEL: AIR		Category/ Type	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5834

Amount of Each Disbursement this Period

[REDACTED] 214.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5835

Amount of Each Disbursement this Period

[REDACTED] 287.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5836

Amount of Each Disbursement this Period

[REDACTED] 21.70

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5837

Amount of Each Disbursement this Period

435.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5838

Amount of Each Disbursement this Period

83.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5839

Amount of Each Disbursement this Period

277.20

Memo Item

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

0.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5840

Amount of Each Disbursement this Period

168.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5841

Amount of Each Disbursement this Period

403.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5842

Amount of Each Disbursement this Period

79.00

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5843

Amount of Each Disbursement this Period

387.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5844

Amount of Each Disbursement this Period

245.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5845

Amount of Each Disbursement this Period

325.90

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5846

Amount of Each Disbursement this Period

156.70
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5847

Amount of Each Disbursement this Period

95.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5848

Amount of Each Disbursement this Period

372.80
--------

Memo Item

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

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

0.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

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
10		28		2023

FEC Identification Number

C

**Transaction ID : SB21B.5849**

Amount of Each Disbursement this Period

161.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

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
10		28		2023

FEC Identification Number

C

**Transaction ID : SB21B.5850**

Amount of Each Disbursement this Period

616.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

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
10		29		2023

FEC Identification Number

C

**Transaction ID : SB21B.5851**

Amount of Each Disbursement this Period

326.19

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5852

Amount of Each Disbursement this Period

[REDACTED] 281.69

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5853

Amount of Each Disbursement this Period

[REDACTED] 503.69

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City  
FORT WORTH

State  
TX

Zip Code  
76155

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5854

Amount of Each Disbursement this Period

[REDACTED] 143.51

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

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

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

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5350

Amount of Each Disbursement this Period

[REDACTED] 11294.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5351

Amount of Each Disbursement this Period

[REDACTED] 4587.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address PO BOX 1270

City  
NEWARK

State  
NJ

Zip Code  
07101

Purpose of Disbursement  
CREDIT CARD PAYMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5352

Amount of Each Disbursement this Period

[REDACTED] 6516.38

Memo Item

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

[REDACTED] 22398.43

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. AMOCO

Mailing Address 28100 TORCH PKWY

City  
WARRENVILLE

State  
IL

Zip Code  
60555-3938

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6031

Amount of Each Disbursement this Period

[REDACTED] 20.28

Memo Item

Full Name (Last, First, Middle Initial)

### B. AMTRAK

Mailing Address 1 MASSACHUSETTS AVE NW 4TH FLOOR W

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: TRAVEL: RAIL

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5826

Amount of Each Disbursement this Period

[REDACTED] 185.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. AMTRAK

Mailing Address 1 MASSACHUSETTS AVE NW 4TH FLOOR W

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: CREDIT: TRAVEL: RAIL

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5827

Amount of Each Disbursement this Period

[REDACTED] - 138.75

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5353

Amount of Each Disbursement this Period

[Redacted] 5000.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5354

Amount of Each Disbursement this Period

[Redacted] 5072.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5355

Amount of Each Disbursement this Period

[Redacted] 1000.30

Memo Item

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

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

[Redacted] 11073.50

[Redacted]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5356

Amount of Each Disbursement this Period

83.65

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5357

Amount of Each Disbursement this Period

4000.30

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	3

FEC Identification Number

**C** Transaction ID : SB21B.5358

Amount of Each Disbursement this Period

464.30

Memo Item

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

4548.25

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5359

Amount of Each Disbursement this Period

[REDACTED] 3000.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5360

Amount of Each Disbursement this Period

[REDACTED] 4000.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5361

Amount of Each Disbursement this Period

[REDACTED] 4000.30

Memo Item

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

[REDACTED] 11001.50

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5362

Amount of Each Disbursement this Period

[REDACTED] 9200.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5363

Amount of Each Disbursement this Period

[REDACTED] 8000.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1920 MCKINNEY AVE.  
7TH FL

City  
DALLAS

State  
TX

Zip Code  
75201

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5364

Amount of Each Disbursement this Period

[REDACTED] 800.30

Memo Item

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

[REDACTED] 18001.80

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. APPLE INC.**

Mailing Address 3101 PGA BLVD

City  
PALM BEACH GARDENS

State  
FL

Zip Code  
33410

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: REFUND: OFFICE EQUIPMENT:

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5801

Amount of Each Disbursement this Period

[REDACTED] - 1848.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. ARMORED GARDENS**

Mailing Address 315 PERSHING AVE

City  
DAVENPORT

State  
IA

Zip Code  
52801-1605

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6033

Amount of Each Disbursement this Period

[REDACTED] 18.94

Memo Item

Full Name (Last, First, Middle Initial)

**C. AUNTIE ANNE**

Mailing Address 4235 DONALD DOUGLAS DR

City  
FLETCHER

State  
NC

Zip Code  
28732

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6035

Amount of Each Disbursement this Period

[REDACTED] 5.02

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. AUSTIN AIRPORT**

Mailing Address 3600 PRESIDENTIAL BLVD STE 411

City  
AUSTIN

State  
TX

Zip Code  
78719

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C  
**Transaction ID : SB21B.5977**

Amount of Each Disbursement this Period

11.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. AVALON BEVERLY HILLS**

Mailing Address 9400 W OLYMPIC BLVD

City  
BEVERLY HILLS

State  
CA

Zip Code  
90212

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: LODGING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			30			2023			

FEC Identification Number

C  
**Transaction ID : SB21B.6006**

Amount of Each Disbursement this Period

439.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. BECKER, CARLY, , ,**

Mailing Address 3333 PORT ROYALE DRIVE S E329

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33308

Purpose of Disbursement  
OPERATIONS CONSULTING AND OPERATIONS CONSULTING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2023			

FEC Identification Number

C  
**Transaction ID : SB21B.5692**

Amount of Each Disbursement this Period

7553.90

Memo Item

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

7553.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BLACK TAP**

Mailing Address 140 3RD AVE

City  
NASHVILLE

State  
TN

Zip Code  
37201

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6037

Amount of Each Disbursement this Period

[REDACTED] 37.82

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLUE MOON BREWHOUSE**

Mailing Address 9700 SPINE RD CONCOURSE B B10

City  
ATLANTA

State  
GA

Zip Code  
30320

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6039

Amount of Each Disbursement this Period

[REDACTED] 31.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. BLUE RIDGE TAVERN**

Mailing Address 4235 DONALD DOUGLAS DR

City  
FLETCHER

State  
NC

Zip Code  
28732

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6041

Amount of Each Disbursement this Period

[REDACTED] 5.02

Memo Item

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

[REDACTED] 0.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5697**

Amount of Each Disbursement this Period

8	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5698**

Amount of Each Disbursement this Period

8	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5699**

Amount of Each Disbursement this Period

8	0	0	0	0	0
---	---	---	---	---	---

Memo Item

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

2	4	0	0	0	0
---	---	---	---	---	---

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

2	4	0	0	0	0
---	---	---	---	---	---



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : **SB21B.5700**

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : **SB21B.5701**

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

C

Transaction ID : **SB21B.5702**

Amount of Each Disbursement this Period

8000.00

Memo Item

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

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

24000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5703**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BOYLE, DANIEL, , ,**

Mailing Address 3229 HESTER DR

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5704**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BREWHEMIA**

Mailing Address 1202 3RD ST SOUTH EAST

City  
CEDAR RAPIDS

State  
IA

Zip Code  
52401-2320

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6043**

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BUCCAN SANDWICH SHOP**

Mailing Address 350 SOUTH COUNTY RD

City  
PALM BEACH

State  
FL

Zip Code  
33480

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5349]: MEETING EXPENSE: MEALS

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.5973

Amount of Each Disbursement this Period

266.49

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement

PAYROLL [SB21B.5582]: EXECUTIVE DIRECTOR

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.5742

Amount of Each Disbursement this Period

6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement

PAYROLL [SB21B.5581]: EXECUTIVE DIRECTOR

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.5741

Amount of Each Disbursement this Period

6982.62

Memo Item

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

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1		2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5695**

Amount of Each Disbursement this Period

8919.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
PAYROLL [SB21B.5583]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	4		2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5743**

Amount of Each Disbursement this Period

6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
PAYROLL [SB21B.5584]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	9		2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5744**

Amount of Each Disbursement this Period

6982.62

Memo Item

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

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

8919.84

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
PAYROLL [SB21B.5585]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5745

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
PAYROLL [SB21B.5586]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5746

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUDOWICH, TAYLOR, , ,**

Mailing Address 516 S. DIXIE HWY  
PMB 196

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
PAYROLL [SB21B.5587]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5747

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. BUDOWICH, TAYLOR, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 516 S. DIXIE HWY  
PMB 196

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
PAYROLL [SB21B.5588]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 30 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5748  
Amount of Each Disbursement this Period: 6982.62

Memo Item

**B. BUDOWICH, TAYLOR, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 516 S. DIXIE HWY  
PMB 196

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
PAYROLL [SB21B.5589]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5749  
Amount of Each Disbursement this Period: 7590.22

Memo Item

**C. BUDOWICH, TAYLOR, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 516 S. DIXIE HWY  
PMB 196

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
PAYROLL [SB21B.5590]: EXECUTIVE DIRECTOR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 29 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5750  
Amount of Each Disbursement this Period: 7602.62

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. BUDOWICH, TAYLOR, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023	
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5696</b>	
City WEST PALM BEACH	State FL	Zip Code 33401	Amount of Each Disbursement this Period 9274.01
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES IF REQUIRED		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BUDOWICH, TAYLOR, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2023	
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5751</b>	
City WEST PALM BEACH	State FL	Zip Code 33401	Amount of Each Disbursement this Period 7602.62
Purpose of Disbursement PAYROLL [SB21B.5591]: EXECUTIVE DIRECTOR		Category/ Type	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BUDOWICH, TAYLOR, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 28 / 2023	
Mailing Address 516 S. DIXIE HWY PMB 196		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5752</b>	
City WEST PALM BEACH	State FL	Zip Code 33401	Amount of Each Disbursement this Period 7602.62
Purpose of Disbursement PAYROLL [SB21B.5592]: EXECUTIVE DIRECTOR		Category/ Type	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9274.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5366</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5374</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 26.33
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5367</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20026.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5375**

Amount of Each Disbursement this Period

6	2	.	2	1
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5368**

Amount of Each Disbursement this Period

1	0	0	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5369**

Amount of Each Disbursement this Period

1	0	0	0	0
---	---	---	---	---

Memo Item

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

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

2	0	0	6	2	.	2	1
---	---	---	---	---	---	---	---

2	0	0	6	2	.	2	1
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5370</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5376</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 46.98
Purpose of Disbursement COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BULLDOG COMPLIANCE</b>		Date of Disbursement MM / DD / YYYY 11 / 29 / 2023	
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5371</b>	
City BEVERLY	State MA	Zip Code 01915	Amount of Each Disbursement this Period 10000.00
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20046.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5372**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5373**

Amount of Each Disbursement this Period

10000.00
----------

Memo Item

Full Name (Last, First, Middle Initial)

**C. BULLDOG COMPLIANCE**

Mailing Address 138 CONANT ST  
STE 401

City  
BEVERLY

State  
MA

Zip Code  
01915

Purpose of Disbursement  
COMPLIANCE CONSULTING EXPENSES: POSTAGE AND DELIVERY

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5377**

Amount of Each Disbursement this Period

29.23
-------

Memo Item

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

12529.23
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CALIFORNIA PIZZA KITCHEN**

Mailing Address 18601 AIRPORT WAY STE 135

City  
SANTA ANA

State  
CA

Zip Code  
92707-5209

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6045

Amount of Each Disbursement this Period

[REDACTED] 21.31

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN NUCLEUS LLC**

Mailing Address 3593 MEDINA RD #110

City  
MEDINA

State  
OH

Zip Code  
44256

Purpose of Disbursement  
DIGITAL MARKETING

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			05			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5378

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN NUCLEUS LLC**

Mailing Address 3593 MEDINA RD #110

City  
MEDINA

State  
OH

Zip Code  
44256

Purpose of Disbursement  
DIGITAL MARKETING

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5379

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

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

[REDACTED] 10000.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. CAMPAIGN NUCLEUS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3593 MEDINA RD #110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement DIGITAL MARKETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 01 / 2023

FEC Identification Number C

Transaction ID : SB21B.5380

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. CAMPAIGN NUCLEUS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3593 MEDINA RD #110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement DIGITAL MARKETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 28 / 2023

FEC Identification Number C

Transaction ID : SB21B.5381

Amount of Each Disbursement this Period 5000.00

Memo Item

**C. CAMPAIGN NUCLEUS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3593 MEDINA RD #110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement DIGITAL MARKETING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 30 / 2023

FEC Identification Number C

Transaction ID : SB21B.5382

Amount of Each Disbursement this Period 5000.00

Memo Item

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. CAMPAIGN NUCLEUS LLC

Mailing Address 3593 MEDINA RD #110

City MEDINA State OH Zip Code 44256

Purpose of Disbursement DIGITAL MARKETING

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 11 / 29 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5383

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CASA D'ANGELO

Mailing Address 1201 NORTH FEDERAL HWY

City FORT LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement CREDIT CARD PMT [SB21B.5350]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 09 / 06 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5864

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 3000.02

Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought: House, Senate, President. State: District:

Disbursement For: Primary, General, Other (specify)

Category/Type

Date of Disbursement

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.5384

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 25.00

Memo Item

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

SUBTOTAL: 5025.00

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

TOTAL: [Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5385**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5386**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5387**

Amount of Each Disbursement this Period

2	5	0	0
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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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5388**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5389**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5390**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5391

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5392

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5393

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 75.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5394

Amount of Each Disbursement this Period: 2.50

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5395

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 06 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5396

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 52.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5397

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 07 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5398

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5399

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5400

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5401

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5402

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0			2	0	2	3	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5403

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	1			2	0	2	3	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5404

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4			2	0	2	3	

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5405

Amount of Each Disbursement this Period

[REDACTED]	25.00
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Memo Item

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

[REDACTED]	75.00
------------	-------

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

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 26 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5406

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5407

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 31 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5408

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5409

Amount of Each Disbursement this Period

[REDACTED]	25.00
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5410

Amount of Each Disbursement this Period

[REDACTED]	25.00
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5411

Amount of Each Disbursement this Period

[REDACTED]	25.00
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Memo Item

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

[REDACTED]	75.00
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
------------	--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5412

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5413

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5414

Amount of Each Disbursement this Period

[REDACTED]	25.00
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Memo Item

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

[REDACTED]	75.00
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5415

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5416

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5417

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 75.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5418

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5419

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	1				2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5420

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 75.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5421

Amount of Each Disbursement this Period

[REDACTED]	2	5	0
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5422

Amount of Each Disbursement this Period

[REDACTED]	2	5	0
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5423

Amount of Each Disbursement this Period

[REDACTED]	2	5	0
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Memo Item

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

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

[REDACTED]	5	2	5	0
------------	---	---	---	---

[REDACTED]	5	2	5	0
------------	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Form A: CHAIN BRIDGE BANK N.A.
Includes fields for Date of Disbursement (08/08/2023), Mailing Address (1445-A LAUGHLIN AVE.), City (MCLEAN), State (VA), Zip Code (22101), Purpose of Disbursement (BANK FEE), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (25.00).

Form B: CHAIN BRIDGE BANK N.A.
Includes fields for Date of Disbursement (08/08/2023), Mailing Address (1445-A LAUGHLIN AVE.), City (MCLEAN), State (VA), Zip Code (22101), Purpose of Disbursement (BANK FEE), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (25.00).

Form C: CHAIN BRIDGE BANK N.A.
Includes fields for Date of Disbursement (08/09/2023), Mailing Address (1445-A LAUGHLIN AVE.), City (MCLEAN), State (VA), Zip Code (22101), Purpose of Disbursement (BANK FEE), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (25.00).

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 09 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5427**

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5428**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5429**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 70.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5430

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5431

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5432

Amount of Each Disbursement this Period

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

Memo Item

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

7	5	0	0
---	---	---	---

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

7	5	0	0
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5433

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5434

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5435

Amount of Each Disbursement this Period

[REDACTED] 2.50

Memo Item

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

[REDACTED] 52.50

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C** Transaction ID : **SB21B.5436**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C** Transaction ID : **SB21B.5437**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C** Transaction ID : **SB21B.5438**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5439**

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5440**

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5441**

Amount of Each Disbursement this Period

[REDACTED]	25.00
------------	-------

Memo Item

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

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

[REDACTED]	75.00
------------	-------

[REDACTED]	
------------	--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5442**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5443**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5444**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5445**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5446**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5447**

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 Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)  
Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5448

Amount of Each Disbursement this Period  
25.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 01 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5449

Amount of Each Disbursement this Period  
25.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 08 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5450

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5451

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5452

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5453

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 75.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

21b     22     23     26     27  
 28a     28b     28c     29     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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2023

FEC Identification Number

C Transaction ID : SB21B.5454

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2023

FEC Identification Number

C Transaction ID : SB21B.5455

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary     General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2023

FEC Identification Number

C Transaction ID : SB21B.5456

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5457**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5458**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5459**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2023

FEC Identification Number

C  
**Transaction ID : SB21B.5460**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2023

FEC Identification Number

C  
**Transaction ID : SB21B.5461**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2023

FEC Identification Number

C  
**Transaction ID : SB21B.5462**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 29 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5463

Amount of Each Disbursement this Period: 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5464

Amount of Each Disbursement this Period: 2.50

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5465

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 52.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C  
**Transaction ID : SB21B.5466**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C  
**Transaction ID : SB21B.5467**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C  
**Transaction ID : SB21B.5468**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5469**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5470**

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5471**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 62.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5472

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5473

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 75.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5475

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5476

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5477

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5478**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 27 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5479**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5480**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 75.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5481

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5482

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5483

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)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK N.A.</b>			Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.5484</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 2.50	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK N.A.</b>			Date of Disbursement MM / DD / YYYY 11 / 01 / 2023	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.5485</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK N.A.</b>			Date of Disbursement MM / DD / YYYY 11 / 03 / 2023	
Mailing Address 1445-A LAUGHLIN AVE.				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [ ] <b>Transaction ID : SB21B.5486</b>	
Purpose of Disbursement BANK FEE			Amount of Each Disbursement this Period [ ] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 52.50
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**  
**Transaction ID : SB21B.5487**

Amount of Each Disbursement this Period

12.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5488**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	9			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5489**

Amount of Each Disbursement this Period

25.00

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 09 / 2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5490**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 14 / 2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5491**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 16 / 2023

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5492**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5493**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5494**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : SB21B.5495**

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5496**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**  
**Transaction ID : SB21B.5497**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**  
**Transaction ID : SB21B.5498**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5499

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5500

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5501

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5502

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5503

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5504

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

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

[REDACTED] 75.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2023
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.5505</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2023
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.5506</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK N.A.</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2023
Mailing Address 1445-A LAUGHLIN AVE.		FEC Identification Number <b>C</b> Transaction ID : <b>SB21B.5507</b> Amount of Each Disbursement this Period 25.00
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 08 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5508**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 11 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5509**

Amount of Each Disbursement this Period

[REDACTED] 2.50

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 12 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5510**

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 52.50

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

[REDACTED]



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

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

FOR LINE NUMBER: (check only one)

21b     22     23     26     27  
 28a     28b     28c     29     30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN    State VA    Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House     Senate     President  
 State:    District:

Disbursement For:  Primary     General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2023

FEC Identification Number  
**C**    Transaction ID : **SB21B.5511**  
 Amount of Each Disbursement this Period  
 12.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN    State VA    Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House     Senate     President  
 State:    District:

Disbursement For:  Primary     General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2023

FEC Identification Number  
**C**    Transaction ID : **SB21B.5512**  
 Amount of Each Disbursement this Period  
 25.00

Memo Item

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

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A LAUGHLIN AVE.

City MCLEAN    State VA    Zip Code 22101

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House     Senate     President  
 State:    District:

Disbursement For:  Primary     General  
 Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2023

FEC Identification Number  
**C**    Transaction ID : **SB21B.5513**  
 Amount of Each Disbursement this Period  
 25.00

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				18				2023					

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5514

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				18				2023					

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5515

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
12				18				2023					

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5516

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 75.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5517

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5518

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 19 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5519

Amount of Each Disbursement this Period

[REDACTED] 25.00

Memo Item

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

[REDACTED] 62.00

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5520**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	3		

FEC Identification Number

**C**

**Transaction ID : SB21B.5521**

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

**Transaction ID : SB21B.5522**

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 Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 1445-A LAUGHLIN AVE.

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 22 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5523

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  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement

BANK FEE

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5524

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHILI'S**

Mailing Address 3200 EAST AIRFIELD

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2023

FEC Identification Number

C

Transaction ID : SB21B.6047

Amount of Each Disbursement this Period

31.95

Memo Item

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

50.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CHINESE TUXEDO**

Mailing Address 5 DOYERS ST

City  
NEW YORK

State  
NY

Zip Code  
10013

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

**C** Transaction ID : **SB21B.5797**

Amount of Each Disbursement this Period

328.63

Memo Item

Full Name (Last, First, Middle Initial)

**B. CIBO EXPRESS MARKET**

Mailing Address LAGUARDIA AIRPORT

City  
FLUSHING

State  
NY

Zip Code  
11371

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : **SB21B.6049**

Amount of Each Disbursement this Period

15.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIZENS NEW YORK**

Mailing Address 124 WEST 57TH ST

City  
NEW YORK

State  
NY

Zip Code  
10019

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : **SB21B.6051**

Amount of Each Disbursement this Period

9.71

Memo Item

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

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

0.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. CITY BAKERY**

Mailing Address 60 BILTMORE AVE STE 4

City ASHEVILLE

State NC

Zip Code 28801

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6053

Amount of Each Disbursement this Period

[REDACTED] 12.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. CORNER BAKERY CAFE**

Mailing Address 529 14TH ST NORTH WEST STE F11

City WASHINGTON

State DC

Zip Code 20045

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6055

Amount of Each Disbursement this Period

[REDACTED] 4.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. COSMOPOLITAN**

Mailing Address 3708 LAS VEGAS BLVD S

City LAS VEGAS

State NV

Zip Code 89109-4309

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6057

Amount of Each Disbursement this Period

[REDACTED] 22.18

Memo Item

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

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

[REDACTED] 0.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. CSPB AUSTRALIAN LLC OPERATING

Mailing Address 1501 BROADWAY  
STE 825

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5526

Amount of Each Disbursement this Period

[REDACTED] 87082.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. CT CORPORATION

Mailing Address PO BOX 4349

City CORAL STREAM State IL Zip Code 60197

Purpose of Disbursement  
CORPORATE REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5528

Amount of Each Disbursement this Period

[REDACTED] 374.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. DELTA AIRLINES

Mailing Address 1030 DELTA BOULEVARD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5766

Amount of Each Disbursement this Period

[REDACTED] 398.20

Memo Item

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

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

[REDACTED] 87456.00

[REDACTED]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City  
ATLANTA

State  
GA

Zip Code  
30354

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : **SB21B.5858**

Amount of Each Disbursement this Period

425.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City  
ATLANTA

State  
GA

Zip Code  
30354

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: AIR

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** Transaction ID : **SB21B.5859**

Amount of Each Disbursement this Period

597.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. DISRUPTOR RADIO, LLC**

Mailing Address 320 PRISM PL  
UNIT 312

City  
CORAOPOLIS

State  
PA

Zip Code  
15108

Purpose of Disbursement  
EVENT EXPENSE: SPONSORSHIP

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	9			2	0	2	3		

FEC Identification Number

**C** Transaction ID : **SB21B.5530**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTIONS LLC**

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City WASHINGTON

State DC

Zip Code 20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5531**

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 500

City WASHINGTON

State DC

Zip Code 20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5532**

Amount of Each Disbursement this Period

[ ] 12500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTIONS LLC**

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City WASHINGTON

State DC

Zip Code 20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5533**

Amount of Each Disbursement this Period

[ ] 12500.00

Memo Item

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

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

[ ] 37500.00

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. ELECTIONS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 28 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5534

Amount of Each Disbursement this Period: 12500.00

Memo Item

**B. ELECTIONS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 30 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5535

Amount of Each Disbursement this Period: 12500.00

Memo Item

**C. ELECTIONS LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
11 / 29 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5536

Amount of Each Disbursement this Period: 12500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 37500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTIONS LLC**

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5537**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTIONS LLC**

Mailing Address 1050 CONNECTICUT AVE NW  
STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5538**

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 106-848

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5708**

Amount of Each Disbursement this Period

20000.00
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Memo Item

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

35000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**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
0	9		0	1		2	0	2	3

Mailing Address 701 S HOWARD AVE  
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5709

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

10000.00

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. ELECTORAL COMMUNICATIONS GROUP LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	3

Mailing Address 701 S HOWARD AVE  
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
VOTER RESEARCH PROJECT

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5710

Amount of Each Disbursement this Period

8	1	2	6	9	3	0	0	0	0
---	---	---	---	---	---	---	---	---	---

812693.00

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. ELECTORAL COMMUNICATIONS GROUP LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

Mailing Address 701 S HOWARD AVE  
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5705

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

10000.00

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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

8	3	2	6	9	3	0	0	0	0
---	---	---	---	---	---	---	---	---	---

832693.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTORAL COMMUNICATIONS GROUP LLC**

Mailing Address 701 S HOWARD AVE  
STE 106-848

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5706

Amount of Each Disbursement this Period

10000.00
----------

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELECTORAL COMMUNICATIONS GROUP LLC**

Mailing Address 701 S HOWARD AVE  
STE 106-848

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5707

Amount of Each Disbursement this Period

10000.00
----------

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTORAL COMMUNICATIONS GROUP LLC**

Mailing Address 701 S HOWARD AVE  
STE 106-848

City  
TAMPA

State  
FL

Zip Code  
33606

Purpose of Disbursement  
POLITICAL AND PUBLIC RELATIONS CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5712

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)..... ▶

30000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. ELECTORAL COMMUNICATIONS GROUP LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		26		2023

Mailing Address 701 S HOWARD AVE  
STE 106-848

City TAMPA State FL Zip Code 33606

Purpose of Disbursement

LIST RENTAL

Candidate Name

Category/Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5711

Amount of Each Disbursement this Period

[REDACTED] 1981.12

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. ENTERPRISE RENTACAR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		29		2023

Mailing Address 5800 FLEUR DR

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: TRAVEL: CAR RENTAL

Candidate Name

Category/Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5993

Amount of Each Disbursement this Period

[REDACTED] 492.13

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENTACAR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2023

Mailing Address 770 PATTON AVE STE A

City ASHEVILLE State NC Zip Code 28806-3837

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5349]: TRAVEL: CAR RENTAL

Candidate Name

Category/Type

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6024

Amount of Each Disbursement this Period

[REDACTED] 95.24

Memo Item

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[REDACTED] 1981.12

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. EVENT STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2023

Mailing Address 510 KING STREET  
STE 315

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
EVENT EXPENSES: EVENT STAFF AND RELATED TRAVEL EXPENSES

Category/ Type
-------------------

FEC Identification Number

C
---

Transaction ID : SB21B.5539

Amount of Each Disbursement this Period

4253.29
---------

Memo Item

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. EVENT STRATEGIES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2023

Mailing Address 510 KING STREET  
STE 315

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
EVENT STAGING EXPENSE

Category/ Type
-------------------

FEC Identification Number

C
---

Transaction ID : SB21B.5540

Amount of Each Disbursement this Period

3137.21
---------

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2023

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Category/ Type
-------------------

FEC Identification Number

C
---

Transaction ID : SB21B.5549

Amount of Each Disbursement this Period

90000.00
----------

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

97390.50
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**TOTAL** This Period (last page this line number only)..... ▶

--



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.5541**

Amount of Each Disbursement this Period

[Redacted] 102500.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	3

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.5542**

Amount of Each Disbursement this Period

[Redacted] 30500.00

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President

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

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	3

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.5543**

Amount of Each Disbursement this Period

[Redacted] 37000.00

Memo Item

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

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

[Redacted] 170000.00

[Redacted]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement

POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5544

Amount of Each Disbursement this Period

[REDACTED]	135500.00
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Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement

POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5545

Amount of Each Disbursement this Period

[REDACTED]	88000.00
------------	----------

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 2624 NE 15TH STREET

City FT. LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement

POLLING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5546

Amount of Each Disbursement this Period

[REDACTED]	88000.00
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Memo Item

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

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

[REDACTED]	311500.00
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FABRIZIO, LEE & ASSOCIATES, LLC**

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 30 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5547  
Amount of Each Disbursement this Period  
176750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. FABRIZIO, LEE & ASSOCIATES, LLC**

Mailing Address 2624 NE 15TH STREET

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
POLLING EXPENSE

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 / 19 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5548  
Amount of Each Disbursement this Period  
177000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 30 / 2023

FEC Identification Number

C  
Transaction ID : SB21B.5805  
Amount of Each Disbursement this Period  
2.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

353750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection form: 09 / 30 / 2023

FEC Identification Number

C Transaction ID : SB21B.5806

Amount of Each Disbursement this Period

Amount input field: 1.07

Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection form: 09 / 30 / 2023

FEC Identification Number

C Transaction ID : SB21B.5807

Amount of Each Disbursement this Period

Amount input field: 2.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection form: 09 / 30 / 2023

FEC Identification Number

C Transaction ID : SB21B.5808

Amount of Each Disbursement this Period

Amount input field: 2.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal input field: 0.00

Total input field

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b

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NAME OF COMMITTEE (In Full)

MAKE AMERICA GREAT AGAIN INC.

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 09 / 30 / 2023

FEC Identification Number

FEC ID box: C

Transaction ID : SB21B.5809

Amount of Each Disbursement this Period

Amount box: 2.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 10 / 05 / 2023

FEC Identification Number

FEC ID box: C

Transaction ID : SB21B.5810

Amount of Each Disbursement this Period

Amount box: 2.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date selection box: 10 / 05 / 2023

FEC Identification Number

FEC ID box: C

Transaction ID : SB21B.5811

Amount of Each Disbursement this Period

Amount box: 1.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal box: 0.00

Total box: 0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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
10		09		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5812

Amount of Each Disbursement this Period

[REDACTED]	0.18
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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
10		09		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5813

Amount of Each Disbursement this Period

[REDACTED]	2.00
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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
10		09		2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5814

Amount of Each Disbursement this Period

[REDACTED]	2.00
------------	------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	0.00
------------	------

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
------------	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5815

Amount of Each Disbursement this Period

[REDACTED]	2.00
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5816

Amount of Each Disbursement this Period

[REDACTED]	6.15
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5817

Amount of Each Disbursement this Period

[REDACTED]	2.00
------------	------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	0.00
------------	------

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
------------	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FACEBOOK**

Full Name (Last, First, Middle Initial)

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5818

Amount of Each Disbursement this Period: 2.00

Memo Item

**B. FACEBOOK**

Full Name (Last, First, Middle Initial)

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5819

Amount of Each Disbursement this Period: 3.00

Memo Item

**C. FACEBOOK**

Full Name (Last, First, Middle Initial)

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5820

Amount of Each Disbursement this Period: 2.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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			10			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5821

Amount of Each Disbursement this Period

2.00
------

Memo Item

Full Name (Last, First, Middle Initial)

**B. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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			10			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5822

Amount of Each Disbursement this Period

2.00
------

Memo Item

Full Name (Last, First, Middle Initial)

**C. FACEBOOK**

Mailing Address 1 HACKER WAY

City  
MENLO PARK

State  
CA

Zip Code  
94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

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			15			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5823

Amount of Each Disbursement this Period

2.00
------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00
------

**TOTAL** This Period (last page this line number only)..... ▶

--

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: ONLINE ADVERTISING: GENERAL

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5824

Amount of Each Disbursement this Period

[REDACTED] 2.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. FEDEX OFFICE

Mailing Address 2381 PALM BCH LKS BLVD

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: OFFICE SUPPLIES

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5959

Amount of Each Disbursement this Period

[REDACTED] 6.39

Memo Item

Full Name (Last, First, Middle Initial)

### C. FERN STREET WINE BAR

Mailing Address 501 FERN ST STE 104

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			27			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5983

Amount of Each Disbursement this Period

[REDACTED] 196.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FERN STREET WINE BAR**

Mailing Address 501 FERN ST STE 104

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5349]: MEETING EXPENSE: MEALS

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 25 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5984**

Amount of Each Disbursement this Period

[REDACTED] 105.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST IN FLIGHT**

Mailing Address 5501 JOSH BIRMINGHAM PKWY

City  
CHARLOTTE

State  
NC

Zip Code  
28208

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 16 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6059**

Amount of Each Disbursement this Period

[REDACTED] 23.39

Memo Item

Full Name (Last, First, Middle Initial)

**C. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement

FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 05 / 2023

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5553**

Amount of Each Disbursement this Period

[REDACTED] 25000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 25000.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

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
07	/	13	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5554

Amount of Each Disbursement this Period

[REDACTED] 325000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

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
09	/	01	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5555

Amount of Each Disbursement this Period

[REDACTED] 25000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING COMMISSIONS

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
09	/	21	/	2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5552

Amount of Each Disbursement this Period

[REDACTED] 200000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 550000.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5560

Amount of Each Disbursement this Period: 23850.98

Memo Item

**B. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 04 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5556

Amount of Each Disbursement this Period: 25000.00

Memo Item

**C. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL AND OFFICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 11 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5563

Amount of Each Disbursement this Period: 913.47

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 49764.45

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5557**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5558**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. FORWARD STRATEGIES**

Mailing Address 7222 ANHINGA FARMS RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32309

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	3

FEC Identification Number

C  
**Transaction ID : SB21B.5561**

Amount of Each Disbursement this Period

1	2	3	2	4	1	8
---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	7	3	2	4	1	8
---	---	---	---	---	---	---

4	7	3	2	4	1	8
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y  
12 / 01 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5562  
Amount of Each Disbursement this Period  
13587.99

Memo Item

**B. FORWARD STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 7222 ANHINGA FARMS RD

City TALLAHASSEE State FL Zip Code 32309

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y  
12 / 07 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5559  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**C. FOUR SEASONS HOTEL NASHVILLE**

Full Name (Last, First, Middle Initial)

Mailing Address 100 DEMONBREUN ST

City NASHVILLE State TN Zip Code 37201

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: EVENT EXPENSE: FACILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: M M / D D / Y Y Y Y Y  
08 / 17 / 2023

FEC Identification Number  
C  
Transaction ID : SB21B.5856  
Amount of Each Disbursement this Period  
3175.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 16087.99

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. FOUR SEASONS HOTEL NASHVILLE**

Full Name (Last, First, Middle Initial)

Mailing Address 100 DEMONBREUN ST

City NASHVILLE State TN Zip Code 37201

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5857

Amount of Each Disbursement this Period: 400.62

Memo Item

**B. FRESKO**

Full Name (Last, First, Middle Initial)

Mailing Address 909 LOCUST ST STE 103

City DES MOINES State IA Zip Code 50309-0000

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 27 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6061

Amount of Each Disbursement this Period: 46.59

Memo Item

**C. FROST FLORIDA**

Full Name (Last, First, Middle Initial)

Mailing Address 740 S. POWERLINE RD  
STE H

City DEERFIELD BEACH State FL Zip Code 33442

Purpose of Disbursement  
EVENT EXPENSE: VIDEO PRODUCTION

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5564

Amount of Each Disbursement this Period: 4615.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4615.00

**TOTAL** This Period (last page this line number only)..... ▶



SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b through 30b. 21b is checked.

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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 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field showing 07 / 05 / 2023

FEC Identification Number

FEC ID field with 'C' and Transaction ID: SB21B.5714

Transaction ID : SB21B.5714

Amount of Each Disbursement this Period

Amount field showing 10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GO BIG MEDIA

Mailing Address 44 CANAL CENTER PLZ
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRODUCTION COSTS: FOCUS DIGITAL GROUP ADS (NON IE RELATED)

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field showing 07 / 13 / 2023

FEC Identification Number

FEC ID field with 'C' and Transaction ID: SB21B.5713

Transaction ID : SB21B.5713

Amount of Each Disbursement this Period

Amount field showing 13464.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GO BIG MEDIA

Mailing Address 44 CANAL CENTER PLZ
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
PRODUCTION COSTS: FOCUS DIGITAL GROUP ADS (NON IE RELATED)

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify)

Date of Disbursement

Date field showing 07 / 13 / 2023

FEC Identification Number

FEC ID field with 'C' and Transaction ID: SB21B.5726

Transaction ID : SB21B.5726

Amount of Each Disbursement this Period

Amount field showing 79.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal field showing 23543.00

Total field

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GO BIG MEDIA**

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5715

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GO BIG MEDIA**

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PRODUCTION COSTS: VIDEO (NON IE RELATED)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5716

Amount of Each Disbursement this Period

7030.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GO BIG MEDIA**

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
WEBSITE DEVELOPMENT AND ONLINE ADVERTISING (NON IE)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5717

Amount of Each Disbursement this Period

5538.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

22568.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. GO BIG MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2023
Mailing Address 44 CANAL CENTER PLZ STE 315		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5718</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement DIGITAL CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GO BIG MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2023
Mailing Address 44 CANAL CENTER PLZ STE 315		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5719</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement DIGITAL CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. GO BIG MEDIA</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2023
Mailing Address 44 CANAL CENTER PLZ STE 315		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5720</b>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement DIGITAL CONSULTING EXPENSES: TRAVEL		Amount of Each Disbursement this Period 374.64
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	20374.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. GO BIG MEDIA**

Full Name (Last, First, Middle Initial)

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 31 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5721

Amount of Each Disbursement this Period: 10000.00

Memo Item

**B. GO BIG MEDIA**

Full Name (Last, First, Middle Initial)

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement WEBSITE DEVELOPMENT AND ONLINE ADVERTISING (NON IE)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 03 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5722

Amount of Each Disbursement this Period: 5694.00

Memo Item

**C. GO BIG MEDIA**

Full Name (Last, First, Middle Initial)

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement DIGITAL CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 16 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5723

Amount of Each Disbursement this Period: 2075.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 17769.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GO BIG MEDIA**

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5724

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. GO BIG MEDIA**

Mailing Address 44 CANAL CENTER PLZ  
STE 315

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5725

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: SUBSCRIPTION: TV MONITORING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	3		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5772

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5773

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5774

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5787

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5790

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5760

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: SUBSCRIPTION: TV MONITORING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5761

Amount of Each Disbursement this Period

[REDACTED]	1000.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	0.00
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. GRABIEN**

Mailing Address PO BOX 7502

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: SUBSCRIPTION: TV MONITORING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5767**

Amount of Each Disbursement this Period

1	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. HARRY'S BAR AND RESTAURANT**

Mailing Address 360 SOUTH ROSEMARY AVE

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: MEETING EXPENSE: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5975**

Amount of Each Disbursement this Period

2	6	3	.5
---	---	---	----

Memo Item

Full Name (Last, First, Middle Initial)

**C. HERTZ**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73132

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5764**

Amount of Each Disbursement this Period

6	4	7	.0
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

0	0	0	0
---	---	---	---

**TOTAL** This Period (last page this line number only).....▶

0	0	0	0
---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. HERTZ CAR RENTAL**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73132

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5988**

Amount of Each Disbursement this Period

352.87

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERTZ CAR RENTAL**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73132

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5989**

Amount of Each Disbursement this Period

180.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. HERTZ CAR RENTAL**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73132

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5990**

Amount of Each Disbursement this Period

647.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. HERTZ CAR RENTAL**

Mailing Address 5601 NORTHWEST EXPRESSWAY

City  
OKLAHOMA CITY

State  
OK

Zip Code  
73132

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: CAR RENTAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5991

Amount of Each Disbursement this Period

[REDACTED] 103.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. HOTEL BLACKHAWK**

Mailing Address 200 EAST 3RD ST

City  
DAVENPORT

State  
IA

Zip Code  
52801-1633

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6063

Amount of Each Disbursement this Period

[REDACTED] 12.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HUDSON NEWS**

Mailing Address 1120 GRIER DRIVE

City  
LAS VEGAS

State  
NV

Zip Code  
89119

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5803

Amount of Each Disbursement this Period

[REDACTED] 7.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. JFK 2002A**

Mailing Address JFK INTERNATIONAL ARPRT

City  
JAMAICA

State  
NY

Zip Code  
11430

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.6065**

Amount of Each Disbursement this Period

12.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. JULIAN SERRAN**

Mailing Address 3730 LAS VEGAS BLVD SOUTH

City  
LAS VEGAS

State  
NV

Zip Code  
89158-4300

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.6067**

Amount of Each Disbursement this Period

100.78

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIUS AI**

Mailing Address 149 NEW MONTGOMERY ST 4TH FLOOR

City  
SAN FRANCISCO

State  
CA

Zip Code  
94105

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: SUBSCRIPTION: DATA ANALYSIS

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.6069**

Amount of Each Disbursement this Period

37.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. JULIUS AI**

Mailing Address 149 NEW MONTGOMERY ST 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: SUBSCRIPTION: DATA ANALYSIS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6070

Amount of Each Disbursement this Period

37.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. JULIUS AI**

Mailing Address 149 NEW MONTGOMERY ST 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: SUBSCRIPTION: DATA ANALYSIS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6071

Amount of Each Disbursement this Period

37.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. JULIUS AI**

Mailing Address 149 NEW MONTGOMERY ST 4TH FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: SUBSCRIPTION: DATA ANALYSIS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6072

Amount of Each Disbursement this Period

37.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. KABUKI SUSHI THAI**

Mailing Address 308 CLEMATIS ST

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401-4614

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6074

Amount of Each Disbursement this Period

[REDACTED] 70.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5577

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5572

Amount of Each Disbursement this Period

[REDACTED] 2914.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[REDACTED] 10914.32

**TOTAL** This Period (last page this line number only).....▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5573**

Amount of Each Disbursement this Period

810.22

Memo Item

Full Name (Last, First, Middle Initial)

**B. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5565**

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5566**

Amount of Each Disbursement this Period

8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

16810.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

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
09		29		2023

FEC Identification Number

**C**  
**Transaction ID : SB21B.5567**

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2023

FEC Identification Number

**C**  
**Transaction ID : SB21B.5574**

Amount of Each Disbursement this Period

1670.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

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
10		31		2023

FEC Identification Number

**C**  
**Transaction ID : SB21B.5568**

Amount of Each Disbursement this Period

8000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

17670.25

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5575

Amount of Each Disbursement this Period

[REDACTED] 1540.20

Memo Item

Full Name (Last, First, Middle Initial)

**B. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5569

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5570

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[REDACTED] 12040.20

**TOTAL** This Period (last page this line number only).....▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5571**

Amount of Each Disbursement this Period

8000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. KCL, LLC**

Mailing Address 137 WINNACUNNET RD

City  
HAMPTON

State  
NH

Zip Code  
03842

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5576**

Amount of Each Disbursement this Period

2189.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. KWIK STAR**

Mailing Address 301 WEST KIMBERLY RD

City  
DAVENPORT

State  
IA

Zip Code  
52806

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.6076**

Amount of Each Disbursement this Period

5.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10189.88

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. LE MERIDIEN NEW YORK CENTRAL PARK

Mailing Address 120 W 57TH ST

City  
NEW YORK

State  
NY

Zip Code  
10019

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5800**

Amount of Each Disbursement this Period

295.14

Memo Item

Full Name (Last, First, Middle Initial)

### B. LE MERIDIEN NEW YORK CENTRAL PARK

Mailing Address 120 W 57TH ST

City  
NEW YORK

State  
NY

Zip Code  
10019

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5861**

Amount of Each Disbursement this Period

90.98

Memo Item

Full Name (Last, First, Middle Initial)

### C. LE MERIDIEN NEW YORK CENTRAL PARK

Mailing Address 120 W 57TH ST

City  
NEW YORK

State  
NY

Zip Code  
10019

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5862**

Amount of Each Disbursement this Period

487.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. LEXINGTON BRASSERIE**

Mailing Address 517 LEXINGTON AVE

City  
NEW YORK

State  
NY

Zip Code  
10017

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6078**

Amount of Each Disbursement this Period

[REDACTED]	54.82
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. LING & LOUIES BAR AND GRILL**

Mailing Address 600 EAST JOHN CARPENTER FWY #370

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6080**

Amount of Each Disbursement this Period

[REDACTED]	39.01
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. LING & LOUIES BAR AND GRILL**

Mailing Address 600 EAST JOHN CARPENTER FWY #370

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6081**

Amount of Each Disbursement this Period

[REDACTED]	55.07
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	0.00
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**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. LING & LOUIES BAR AND GRILL

Mailing Address 600 EAST JOHN CARPENTER FWY #370

City IRVING State TX Zip Code 75062

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6082

Amount of Each Disbursement this Period

[REDACTED] 55.07

Memo Item

Full Name (Last, First, Middle Initial)

### B. LYFT

Mailing Address 185 BERRY STREER

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			09			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5778

Amount of Each Disbursement this Period

[REDACTED] 31.64

Memo Item

Full Name (Last, First, Middle Initial)

### C. LYFT

Mailing Address 185 BERRY STREER

City SAN FRANCISCO State CA Zip Code 94107

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			09			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5779

Amount of Each Disbursement this Period

[REDACTED] 18.71

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. LYFT**

Mailing Address 185 BERRY STREER

City  
SAN FRANCISCO

State  
CA

Zip Code  
94107

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5782

Amount of Each Disbursement this Period

[REDACTED]	18.71
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. MACARONI GRILL**

Mailing Address ROUND BLDG 6 OHARE FLD

City  
CHICAGO

State  
IL

Zip Code  
60666

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6084

Amount of Each Disbursement this Period

[REDACTED]	30.24
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARRIOTT AT METRO WASHINGTON**

Mailing Address 775 12TH ST. NW

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5999

Amount of Each Disbursement this Period

[REDACTED]	29.20
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	0.00
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[REDACTED]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. MCLAURIN PARKING**

Mailing Address 44 SOUTH LEXINGTON AVE

City  
ASHEVILLE

State  
NC

Zip Code  
28801

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: PARKING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6086

Amount of Each Disbursement this Period

[REDACTED] 8.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MCLAURIN PARKING**

Mailing Address 421 FAYETTEVILLE ST SUITE 415

City  
RALEIGH

State  
NC

Zip Code  
27601

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: PARKING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6088

Amount of Each Disbursement this Period

[REDACTED] 6.45

Memo Item

Full Name (Last, First, Middle Initial)

**C. MEAT MARKET TAMPA STEAKHOUSE**

Mailing Address 915 LINCOLN RD

City  
MIAMI BEACH

State  
FL

Zip Code  
33139

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6004

Amount of Each Disbursement this Period

[REDACTED] 281.05

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. MEZZE AND MORE LLC TA ZAYTINYA**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	3

Mailing Address 701 9TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.5781**

Amount of Each Disbursement this Period

[REDACTED] 292.00

Purpose of Disbursement

REIMBURSEMENT [SB21B.5695]: TRAVEL: MEALS

[REDACTED]  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. MICHAEL HOPKINS PHOTOGRAPHY LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	3

Mailing Address 783 SW 119TH WAY

City  
DAVIE

State  
FL

Zip Code  
33325

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.5579**

Amount of Each Disbursement this Period

[REDACTED] 2696.81

Purpose of Disbursement

EVENT EXPENSE: PHOTOGRAPHY SERVICES

[REDACTED]  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. MICHAEL HOPKINS PHOTOGRAPHY LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	3

Mailing Address 783 SW 119TH WAY

City  
DAVIE

State  
FL

Zip Code  
33325

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.5580**

Amount of Each Disbursement this Period

[REDACTED] 1587.50

Purpose of Disbursement

EVENT EXPENSE: PHOTOGRAPHY SERVICES

[REDACTED]  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 4284.31

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. MOLINE AIRPORT**

Mailing Address 5501 JOSH BIRMINGHAM PKWY

City  
MOLINE

State  
IL

Zip Code  
61265

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6090

Amount of Each Disbursement this Period

[REDACTED] 3.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. OLD EBBITT GRILL**

Mailing Address 675 15TH ST NORTH WEST 200055702

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6092

Amount of Each Disbursement this Period

[REDACTED] 36.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. PARKSIDE EAST**

Mailing Address 3600 PRESIDENTIAL BLVD

City  
AUSTIN

State  
TX

Zip Code  
78719

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6094

Amount of Each Disbursement this Period

[REDACTED] 16.06

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5581</b>
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL [SB21B:5742]		Amount of Each Disbursement this Period 6982.62
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5602</b>
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period 3782.38
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5593</b>
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL PROCESSING FEE		Amount of Each Disbursement this Period 65.67
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10830.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5741]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 28 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5582

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 28 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5603

Amount of Each Disbursement this Period

[REDACTED] 3782.38

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 30 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5594

Amount of Each Disbursement this Period

[REDACTED] 49.42

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 10814.42

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5604**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5743]

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5583**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5605**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL: PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5615

Amount of Each Disbursement this Period

[REDACTED] 49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5744]

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5584

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5606

Amount of Each Disbursement this Period

[REDACTED] 3782.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

[REDACTED] 10814.42

**TOTAL** This Period (last page this line number only).....▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL: PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5616**

Amount of Each Disbursement this Period

49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5745]

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5585**

Amount of Each Disbursement this Period

6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	3

FEC Identification Number

**C**  
**Transaction ID : SB21B.5607**

Amount of Each Disbursement this Period

3782.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10814.42

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.5595**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5746]

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.5586**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : **SB21B.5608**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5596

Amount of Each Disbursement this Period

[REDACTED] 49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5747]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5587

Amount of Each Disbursement this Period

[REDACTED] 6982.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5609

Amount of Each Disbursement this Period

[REDACTED] 3782.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 10814.42

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5597</b> Amount of Each Disbursement this Period 65.67
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5588</b> Amount of Each Disbursement this Period 6982.62
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL [SB21B:57428]		Category/ Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX OF NEW YORK LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 30 / 2023
Mailing Address 714 BROOK STREET SUITE 120		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5610</b> Amount of Each Disbursement this Period 3782.38
City ROCKY HILL	State CT	Zip Code 06067
Purpose of Disbursement PAYROLL TAXES		Category/ Type [REDACTED]
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:	Memo Item <input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10830.67
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL: PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5617

Amount of Each Disbursement this Period

[REDACTED] 49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5749]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5589

Amount of Each Disbursement this Period

[REDACTED] 7590.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			14			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5611

Amount of Each Disbursement this Period

[REDACTED] 2567.18

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 10206.82

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5598

Amount of Each Disbursement this Period

49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5750]

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5590

Amount of Each Disbursement this Period

7602.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

FEC Identification Number

**C** Transaction ID : SB21B.5612

Amount of Each Disbursement this Period

2542.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10194.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5599**

Amount of Each Disbursement this Period

49.42

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5751]

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5591**

Amount of Each Disbursement this Period

7602.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5613**

Amount of Each Disbursement this Period

2542.38

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10194.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5600**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL [SB21B:5752]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5592**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5614**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PAYCHEX OF NEW YORK LLC**

Mailing Address 714 BROOK STREET  
SUITE 120

City  
ROCKY HILL

State  
CT

Zip Code  
06067

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			29			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5601**

Amount of Each Disbursement this Period

49.42
-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. PBIA AIRPORT PARKING**

Mailing Address 846 PALM BEACH INTERNATIONAL AIRPO

City  
WEST PALM BEACH

State  
FL

Zip Code  
33406

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			11			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5786**

Amount of Each Disbursement this Period

45.00
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. PBIA AIRPORT PARKING**

Mailing Address 846 PALM BEACH INTERNATIONAL AIRPO

City  
WEST PALM BEACH

State  
FL

Zip Code  
33406

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: PARKING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.6095**

Amount of Each Disbursement this Period

34.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

49.42
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. PBIA AIRPORT PARKING**

Full Name (Last, First, Middle Initial)

Mailing Address 846 PALM BEACH INTERNATIONAL AIRPO

City WEST PALM BEACH State FL Zip Code 33406

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: TRAVEL: PARKING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6096

Amount of Each Disbursement this Period: 37.00

Memo Item

**B. PEI WEI**

Full Name (Last, First, Middle Initial)

Mailing Address 5757 WAYNE NEWTON BLVD

City LAS VEGAS State NV Zip Code 89111-8037

Purpose of Disbursement CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6098

Amount of Each Disbursement this Period: 35.31

Memo Item

**C. PFEIFFER PUBLIC AFFAIRS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8 THE GREEN SUITE #11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5618

Amount of Each Disbursement this Period: 15000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.5619

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.5620

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C

Transaction ID : SB21B.5621

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5622

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5623

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PFEIFFER PUBLIC AFFAIRS, LLC**

Mailing Address 8 THE GREEN SUITE  
#11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement  
COMMUNICATIONS CONSULTING EXPENSES: SOFTWARE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 29 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5626

Amount of Each Disbursement this Period

627.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

25627.70



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. PFEIFFER PUBLIC AFFAIRS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8 THE GREEN SUITE #11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5624

Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. PFEIFFER PUBLIC AFFAIRS, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 8 THE GREEN SUITE #11328

City DOVER State DE Zip Code 19901

Purpose of Disbursement COMMUNICATIONS CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5625

Amount of Each Disbursement this Period: 10000.00

Memo Item

**C. PHILLIP'S SEAFOOD**

Full Name (Last, First, Middle Initial)

Mailing Address 5501 JOSH BIRMINGHAM PKWY

City CHARLOTTE State NC Zip Code 28208

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.6100

Amount of Each Disbursement this Period: 75.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. PLP ENTERPRISES, INC.**

Mailing Address 3452 ESSEEX AVE

City  
ATLANTA

State  
GA

Zip Code  
30339

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5628**

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PLP ENTERPRISES, INC.**

Mailing Address 3452 ESSEEX AVE

City  
ATLANTA

State  
GA

Zip Code  
30339

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5629**

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PLUVIOUS GROUP**

Mailing Address 515 S FIGUEROA ST  
16TH FLR

City  
LOS ANGELES

State  
CA

Zip Code  
90071

Purpose of Disbursement  
FUNDRAISING COMMISSIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5631**

Amount of Each Disbursement this Period

124280.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

139280.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. PUMPHOUSE COFFE

Mailing Address 1016 CLARE AVE STE 5A

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	3

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.6102**  
 Amount of Each Disbursement this Period  
 [REDACTED] 12.70

Memo Item

Full Name (Last, First, Middle Initial)

### B. RAKUYA JAPANESE KITCHEN & BAR

Mailing Address 1900 Q ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5695]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	3

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.5784**  
 Amount of Each Disbursement this Period  
 [REDACTED] 60.72

Memo Item

Full Name (Last, First, Middle Initial)

### C. RAPID RESPONSE DIGITAL LLC

Mailing Address 516 S DIXIE HWY

City WEST PALM BEACH State FL Zip Code 33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C** [REDACTED]  
**Transaction ID : SB21B.5632**  
 Amount of Each Disbursement this Period  
 [REDACTED] 7500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	7500.00
[REDACTED]	[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. RAPID RESPONSE DIGITAL LLC

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5633

Amount of Each Disbursement this Period

[REDACTED] 7500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. RAPID RESPONSE DIGITAL LLC

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5634

Amount of Each Disbursement this Period

[REDACTED] 7500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. RAPID RESPONSE DIGITAL LLC

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5635

Amount of Each Disbursement this Period

[REDACTED] 7500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 22500.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RAPID RESPONSE DIGITAL LLC**

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5636**

Amount of Each Disbursement this Period

7500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**B. RAPID RESPONSE DIGITAL LLC**

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5637**

Amount of Each Disbursement this Period

7500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. RAPID RESPONSE DIGITAL LLC**

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			08			2023			

FEC Identification Number

**C**  
**Transaction ID : SB21B.5638**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

17500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RAPID RESPONSE DIGITAL LLC**

Mailing Address 516 S DIXIE HWY

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5639**

Amount of Each Disbursement this Period

7500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5645**

Amount of Each Disbursement this Period

37500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5646**

Amount of Each Disbursement this Period

15000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

60000.00

**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING COMMISSIONS

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
0	8			0	8			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5644**

Amount of Each Disbursement this Period

17500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

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
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5641**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL AND POSTAGE

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
0	9			0	1			2	0	2	3		

FEC Identification Number

**C**  
**Transaction ID : SB21B.5642**

Amount of Each Disbursement this Period

185.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

172685.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5647**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5648**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	2	3

FEC Identification Number

**C** \_\_\_\_\_  
**Transaction ID : SB21B.5649**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0
---	---	---	---	---	---

--	--	--	--	--	--



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. REC ADVISORS LLC**

Mailing Address PO BOX 54813

City  
DALLAS

State  
TX

Zip Code  
75354

Purpose of Disbursement  
FUNDRAISING COMMISSIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5643**

Amount of Each Disbursement this Period

100000.00
-----------

Memo Item

Full Name (Last, First, Middle Initial)

**B. RED BALLOON LLC**

Mailing Address 104 S MAIN ST  
STE 200

City  
MOSCOW

State  
ID

Zip Code  
83843

Purpose of Disbursement  
REIMBURSEMENT [SB21B.5696]: SUBSCRIPTION: RECRUITING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			29			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.5771**

Amount of Each Disbursement this Period

4500.00
---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. RED MANGO**

Mailing Address 2141 NORTH INTERNATIONAL PKWY

City  
DALLAS

State  
TX

Zip Code  
75261

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			14			2023			

FEC Identification Number

**C**

**Transaction ID : SB21B.6104**

Amount of Each Disbursement this Period

9.04
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

100000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RED ROCK CAFE**

Mailing Address 10000 WEST CHARLESTON BLVD STE 100

City  
LAS VEGAS

State  
NV

Zip Code  
89135-1003

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6020

Amount of Each Disbursement this Period

[REDACTED] 35.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. REDSHIFT STRATEGIES, LLC**

Mailing Address 7901 4TH ST N  
STE 300

City  
ST PETERSBURG

State  
FL

Zip Code  
33702

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5650

Amount of Each Disbursement this Period

[REDACTED] 15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. REDSHIFT STRATEGIES, LLC**

Mailing Address 7901 4TH ST N  
STE 300

City  
ST PETERSBURG

State  
FL

Zip Code  
33702

Purpose of Disbursement  
MANAGEMENT CONSULTING EXPENSES: TRAVEL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5658

Amount of Each Disbursement this Period

[REDACTED] 1565.74

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 16565.74

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. REDSHIFT STRATEGIES, LLC**

Mailing Address 7901 4TH ST N  
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement  
MANAGEMENT CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5659

Amount of Each Disbursement this Period

1565.74

Memo Item

Full Name (Last, First, Middle Initial)

**B. REDSHIFT STRATEGIES, LLC**

Mailing Address 7901 4TH ST N  
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5651

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. REDSHIFT STRATEGIES, LLC**

Mailing Address 7901 4TH ST N  
STE 300

City ST PETERSBURG State FL Zip Code 33702

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2023

FEC Identification Number

C

Transaction ID : SB21B.5652

Amount of Each Disbursement this Period

15000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

31565.74

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. REDSHIFT STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 03 / 2023	
Mailing Address 7901 4TH ST N STE 300			
City ST PETERSBURG	State FL	Zip Code 33702	
Purpose of Disbursement MANAGEMENT CONSULTING		<input type="text"/>	
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:	Amount of Each Disbursement this Period 15000.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. REDSHIFT STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y Y 10 / 31 / 2023	
Mailing Address 7901 4TH ST N STE 300			
City ST PETERSBURG	State FL	Zip Code 33702	
Purpose of Disbursement MANAGEMENT CONSULTING		<input type="text"/>	
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:	Amount of Each Disbursement this Period 15000.00		
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. REDSHIFT STRATEGIES, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y Y 11 / 30 / 2023	
Mailing Address 7901 4TH ST N STE 300			
City ST PETERSBURG	State FL	Zip Code 33702	
Purpose of Disbursement MANAGEMENT CONSULTING		<input type="text"/>	
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:	Amount of Each Disbursement this Period 13434.26		
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	43434.26
<b>TOTAL</b> This Period (last page this line number only)..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial) <b>A. REDSHIFT STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5657</b>
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement MANAGEMENT CONSULTING EXPENSES: PRINTING EXPENSE		Amount of Each Disbursement this Period [REDACTED] 135.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. REDSHIFT STRATEGIES, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2023
Mailing Address 7901 4TH ST N STE 300		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5656</b>
City ST PETERSBURG	State FL	Zip Code 33702
Purpose of Disbursement MANAGEMENT CONSULTING		Amount of Each Disbursement this Period [REDACTED] 2500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. REPUBLICAN PARTY OF IOWA</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2023
Mailing Address 621 9TH ST.		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5661</b>
City DES MOINES	State IA	Zip Code 50309
Purpose of Disbursement EVENT EXPENSE: SPONSORSHIP		Amount of Each Disbursement this Period [REDACTED] 3000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 5635.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN PARTY OF IOWA**

Mailing Address 621 9TH ST.

City DES MOINES State IA Zip Code 50309

Purpose of Disbursement

LIST RENTAL

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5662

Amount of Each Disbursement this Period

[REDACTED] 35000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RESIDENCE INN CEDAR RAPIDS SO**

Mailing Address 730 33RD AVE SW

City CEDAR RAPIDS State IA Zip Code 52404

Purpose of Disbursement

REIMBURSEMENT [SB21B.5695]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5795

Amount of Each Disbursement this Period

[REDACTED] 225.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement

STRATEGY CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5734

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 45000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRODUCTION COSTS: TV AD (UNRELEASED)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.5735**

Amount of Each Disbursement this Period

[Redacted] 12070.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
REMAINDER OF PRODUCTION COST: TV AD (ACTUAL COST) [SE4467]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.6416**

Amount of Each Disbursement this Period

[Redacted] 20594.17

Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
OFFSETTING ADJUSTMENT [SB21B:6416]

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	3		

FEC Identification Number

**C** [Redacted]

**Transaction ID : SB21B.6417**

Amount of Each Disbursement this Period

[Redacted] - 20594.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[Redacted] 12070.95

**TOTAL** This Period (last page this line number only)..... ▶

[Redacted]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5736**

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
STRATEGY CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5737**

Amount of Each Disbursement this Period

1786.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRODUCTION COSTS: TV AD (UNRELEASED) AND VIDEO (NON IE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	3

FEC Identification Number

**C**

**Transaction ID : SB21B.5727**

Amount of Each Disbursement this Period

28113.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

39899.83

**TOTAL** This Period (last page this line number only)..... ▶





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RESTORE AMERICA MEDIA LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	2	3

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
PRODUCTION COSTS: TV AD (UNRELEASED)

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5738

Amount of Each Disbursement this Period

10857.90

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. RESTORE AMERICA MEDIA LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	2	3

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
PRODUCTION COSTS: TV AD (UNRELEASED)

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5739

Amount of Each Disbursement this Period

9442.35

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. RESTORE AMERICA MEDIA LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	2	3

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Category/  
Type

FEC Identification Number

C

Transaction ID : SB21B.5730

Amount of Each Disbursement this Period

10000.00

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

30300.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2023			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5731**

Amount of Each Disbursement this Period

[ ] 10000.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
STRATEGY CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			15			2023			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5732**

Amount of Each Disbursement this Period

[ ] 10000.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. RESTORE AMERICA MEDIA LLC**

Mailing Address 1626 BELLE VIEW BLVD  
STE 7045

City  
ALEXANDRIA

State  
VA

Zip Code  
22307

Purpose of Disbursement  
PRODUCTION COSTS: TV AD (UNRELEASED)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2023			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.5740**

Amount of Each Disbursement this Period

[ ] 11263.75 [ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 31263.75 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SACRAMENTO DEPT OF AIRPORTS**

Mailing Address 700 H ST RM 3650

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6106

Amount of Each Disbursement this Period

[REDACTED]	54.00
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5671

Amount of Each Disbursement this Period

[REDACTED]	7500.00
------------	---------

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5672

Amount of Each Disbursement this Period

[REDACTED]	7500.00
------------	---------

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED]	15000.00
------------	----------

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	
------------	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5670

Amount of Each Disbursement this Period

[REDACTED]	7	5	0	0	.	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5677

Amount of Each Disbursement this Period

[REDACTED]	5	1	4	9	.	2	4
------------	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5673

Amount of Each Disbursement this Period

[REDACTED]	7	5	0	0	.	0	0
------------	---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]	2	0	1	4	9	.	2	4
------------	---	---	---	---	---	---	---	---

[REDACTED]	[REDACTED]
------------	------------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. SAWGRASS STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5674

Amount of Each Disbursement this Period: 7500.00

Memo Item

**B. SAWGRASS STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 29 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5675

Amount of Each Disbursement this Period: 7500.00

Memo Item

**C. SAWGRASS STRATEGIES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE State FL Zip Code 32301

Purpose of Disbursement FUNDRAISING CONSULTING EXPENSES: TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5678

Amount of Each Disbursement this Period: 10823.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 25823.16

**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 Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SAWGRASS STRATEGIES, LLC**

Mailing Address 3484 LAKESHORE DRIVE

City TALLAHASSEE

State FL

Zip Code 32301

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.5676

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAY SI BON**

Mailing Address 1 WORLD WAY

City ARLINGTON

State VA

Zip Code 22202

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.6108

Amount of Each Disbursement this Period

4.23

Memo Item

Full Name (Last, First, Middle Initial)

**C. SEC CONSULTING LLC**

Mailing Address 684 LEEWARD DR

City BATON ROUGE

State LA

Zip Code 70808

Purpose of Disbursement  
FUNDRAISING COMMISSIONS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2023			

FEC Identification Number

**C**

Transaction ID : SB21B.5679

Amount of Each Disbursement this Period

52680.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

55180.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

A. **SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2023

FEC Identification Number: C [ ]  
**Transaction ID : SB21B.6010**

Amount of Each Disbursement this Period: [ ] 40.00

Memo Item

B. **SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2023

FEC Identification Number: C [ ]  
**Transaction ID : SB21B.6011**

Amount of Each Disbursement this Period: [ ] 40.00

Memo Item

C. **SOUTHWEST AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 36611

City DALLAS State TX Zip Code 75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 02 / 2023

FEC Identification Number: C [ ]  
**Transaction ID : SB21B.6012**

Amount of Each Disbursement this Period: [ ] 168.98

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ [ ] 0.00

**TOTAL** This Period (last page this line number only)..... ▶ [ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36611

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6013

Amount of Each Disbursement this Period

[REDACTED] 402.96

Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36611

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6014

Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST AIRLINES**

Mailing Address PO BOX 36611

City  
DALLAS

State  
TX

Zip Code  
75235

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6015

Amount of Each Disbursement this Period

[REDACTED] 70.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. SUMMER HOUSE**

Mailing Address 5501 JOSH BIRMINGHAM PKWY UNIT 13

City  
CHARLOTTE

State  
NC

Zip Code  
28208

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6110

Amount of Each Disbursement this Period

7	0	3	0
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. TACO BELL**

Mailing Address 18885 NORTH WEST 2ND AVE

City  
MIAMI

State  
FL

Zip Code  
33169

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6112

Amount of Each Disbursement this Period

1	6	1	1
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. TARGA LLC**

Mailing Address 700 12TH ST NW, SUITE 700

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5681

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)..... ▶

2	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 Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 500 NORTH CONGRESS AVE

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: MEETING SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5981**  
Amount of Each Disbursement this Period  
[REDACTED] 134.79

Memo Item

Full Name (Last, First, Middle Initial)

**B. TECK PAY**

Mailing Address 502 CENTRAL AVE

City  
ORANGE

State  
NJ

Zip Code  
07050

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.6114**  
Amount of Each Disbursement this Period  
[REDACTED] 111.05

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BAZAAR**

Mailing Address PENNSYLVANIA AVE NW1100

City  
WASHINGTON

State  
DC

Zip Code  
20004

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.6116**  
Amount of Each Disbursement this Period  
[REDACTED] 48.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE BEN**

Mailing Address 251 NORTH NARCISSUS AVE FL 1

City  
WEST PALM BEACH

State  
FL

Zip Code  
33401

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6022**

Amount of Each Disbursement this Period

[REDACTED] 117.37

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE BLACKBIRD**

Mailing Address 47 BILTMORE AVE

City  
ASHEVILLE

State  
NC

Zip Code  
28801-3626

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6118**

Amount of Each Disbursement this Period

[REDACTED] 21.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BRADFORD**

Mailing Address 600 SOMERSET CORPORATE BLVD

City  
BRIDGEWATER

State  
NJ

Zip Code  
08807

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Category/  
Type

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6120**

Amount of Each Disbursement this Period

[REDACTED] 140.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE DRAFTSMAN**

Mailing Address 68 PATTON AVE

City  
ASHEVILLE

State  
NC

Zip Code  
28801

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6122

Amount of Each Disbursement this Period

[REDACTED] 30.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE GREEN ROOM**

Mailing Address 3839 J ST

City  
SACRAMENTO

State  
CA

Zip Code  
95816

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6124

Amount of Each Disbursement this Period

[REDACTED] 80.37

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE LEXINGTON HOTEL**

Mailing Address 511 LEXINGTON AVE

City  
NEW YORK

State  
NY

Zip Code  
10017

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5986

Amount of Each Disbursement this Period

[REDACTED] 938.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE MAR-A-LAGO CLUB**

Mailing Address 1100 SOUTH OCEAN BLVD

City  
PALM BEACH

State  
FL

Zip Code  
33480

Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL & CATERING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	2	3

FEC Identification Number

**C**  
Transaction ID : **SB21B.5682**

Amount of Each Disbursement this Period

31801.29

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE PASS GROUP, LLC**

Mailing Address 610 WESTVIEW AVE

City  
NASHVILLE

State  
TN

Zip Code  
37205

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	2	3

FEC Identification Number

**C**  
Transaction ID : **SB21B.5684**

Amount of Each Disbursement this Period

107040.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE PASS GROUP, LLC**

Mailing Address 610 WESTVIEW AVE

City  
NASHVILLE

State  
TN

Zip Code  
37205

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	2	3

FEC Identification Number

**C**  
Transaction ID : **SB21B.5685**

Amount of Each Disbursement this Period

25000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

163841.29

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5965

Amount of Each Disbursement this Period

1	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

**B. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5966

Amount of Each Disbursement this Period

2	9	2	1	.	1	9
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5967

Amount of Each Disbursement this Period

1	6	9	.	6	2
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
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0	0	0	0
---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5968**

Amount of Each Disbursement this Period

2	5	0	7	.	2	2
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5969**

Amount of Each Disbursement this Period

4	6	.	5	2
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5970**

Amount of Each Disbursement this Period

-	1	8	8	.	0	5
---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0
---	---	---

0	0	0
---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THE WESTIN FT LAUDERDALE**

Mailing Address 321 N. FORT LAUDERDALE BEACH BLVD

City  
FORT LAUDERDALE

State  
FL

Zip Code  
33304

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.5971**

Amount of Each Disbursement this Period

[REDACTED] 54.94

Memo Item

Full Name (Last, First, Middle Initial)

**B. THE WESTIN NASHVILLE**

Mailing Address 807 CLARK PL

City  
NASHVILLE

State  
TN

Zip Code  
37203

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6001**

Amount of Each Disbursement this Period

[REDACTED] 302.43

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE WESTIN NASHVILLE**

Mailing Address 807 CLARK PL

City  
NASHVILLE

State  
TN

Zip Code  
37203

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	3

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.6002**

Amount of Each Disbursement this Period

[REDACTED] 429.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. THREE ARBOR INSURANCE, INC**

Full Name (Last, First, Middle Initial)

Mailing Address 2828 OLD 280 CT  
STE 126

City VESTAVIA State AL Zip Code 35243

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5687

Amount of Each Disbursement this Period: 40560.00

Memo Item

**B. THREE ARBOR INSURANCE, INC**

Full Name (Last, First, Middle Initial)

Mailing Address 2828 OLD 280 CT  
STE 126

City VESTAVIA State AL Zip Code 35243

Purpose of Disbursement INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 02 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5688

Amount of Each Disbursement this Period: 16939.61

Memo Item

**C. THREE ARBOR INSURANCE, INC**

Full Name (Last, First, Middle Initial)

Mailing Address 2828 OLD 280 CT  
STE 126

City VESTAVIA State AL Zip Code 35243

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: INSURANCE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 19 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5961

Amount of Each Disbursement this Period: 2384.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 57499.61

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. THREE ARBOR INSURANCE, INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	3		

Mailing Address 2828 OLD 280 CT  
STE 126

City  
VESTAVIA

State  
AL

Zip Code  
35243

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/ Type
-------------------

FEC Identification Number

C
---

**Transaction ID : SB21B.5689**

Amount of Each Disbursement this Period

16939.61
----------

Memo Item

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. THREE ARBOR INSURANCE, INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	1			2	0	2	3		

Mailing Address 2828 OLD 280 CT  
STE 126

City  
VESTAVIA

State  
AL

Zip Code  
35243

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/ Type
-------------------

FEC Identification Number

C
---

**Transaction ID : SB21B.5690**

Amount of Each Disbursement this Period

16939.61
----------

Memo Item

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. TOMMYS TAVERN + TAP**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	2	3		

Mailing Address 550 SOMERSET CORPORATE BLVD

City  
BRIDGEWATER TWP

State  
NJ

Zip Code  
08807

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: MEALS

Candidate Name

Category/ Type
-------------------

FEC Identification Number

C
---

**Transaction ID : SB21B.6126**

Amount of Each Disbursement this Period

30.59
-------

Memo Item

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional).....▶

33879.22
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**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. TOMMYS TAVERN + TAP**

Mailing Address 550 SOMERSET CORPORATE BLVD

City  
BRIDGEWATER TWP

State  
NJ

Zip Code  
08807

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: MEALS

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.6127**

Amount of Each Disbursement this Period

4	8	5	9
---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. TRUMP INTL HOTEL LAS VEGAS**

Mailing Address 2000 N FASHION SHOW DR

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.5956**

Amount of Each Disbursement this Period

3	8	0	1	6
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUMP INTL HOTEL LAS VEGAS**

Mailing Address 2000 N FASHION SHOW DR

City  
LAS VEGAS

State  
NV

Zip Code  
89109

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: LODGING

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.5957**

Amount of Each Disbursement this Period

5	5	0	4	5
---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	0	0
---	---	---	---

0	0	0	0
---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5870

Amount of Each Disbursement this Period

2	8	.	7	1
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5871

Amount of Each Disbursement this Period

1	6	.	8	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5872

Amount of Each Disbursement this Period

1	9	.	9	5
---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

0	0	.	0	0
---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5873

Amount of Each Disbursement this Period

[REDACTED] 24.83

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5874

Amount of Each Disbursement this Period

[REDACTED] 33.80

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		1	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5875

Amount of Each Disbursement this Period

[REDACTED] 32.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		1	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5876

Amount of Each Disbursement this Period

[REDACTED] 26.54

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5877

Amount of Each Disbursement this Period

[REDACTED] 39.56

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

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
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5878

Amount of Each Disbursement this Period

[REDACTED] 70.17

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5347]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5879

Amount of Each Disbursement this Period

[REDACTED] 232.90

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5880

Amount of Each Disbursement this Period

[REDACTED] 43.92

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5881

Amount of Each Disbursement this Period

[REDACTED] 16.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5882

Amount of Each Disbursement this Period: 23.94

Memo Item

**B. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5883

Amount of Each Disbursement this Period: 28.90

Memo Item

**C. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.5884

Amount of Each Disbursement this Period: 39.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5885

Amount of Each Disbursement this Period

[REDACTED] 45.39

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5886

Amount of Each Disbursement this Period

[REDACTED] 59.73

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5887

Amount of Each Disbursement this Period

[REDACTED] 62.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	1			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.5888**

Amount of Each Disbursement this Period

112.72

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	2			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.5889**

Amount of Each Disbursement this Period

23.26

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	2			2	0	2	3		

FEC Identification Number

C  
**Transaction ID : SB21B.5890**

Amount of Each Disbursement this Period

27.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	2			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5891

Amount of Each Disbursement this Period

[REDACTED] 54.01

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	3			2	0	3			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5892

Amount of Each Disbursement this Period

[REDACTED] 31.02

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	3			2	0	3			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5893

Amount of Each Disbursement this Period

[REDACTED] 68.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5894

Amount of Each Disbursement this Period

[REDACTED] 48.77

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5895

Amount of Each Disbursement this Period

[REDACTED] 61.33

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7			0	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5896

Amount of Each Disbursement this Period

[REDACTED] 66.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

TOTAL This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5897

Amount of Each Disbursement this Period

1	6	.	2	5
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5898

Amount of Each Disbursement this Period

1	7	.	1	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	3

FEC Identification Number

C  
Transaction ID : SB21B.5899

Amount of Each Disbursement this Period

2	9	.	0	9
---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

0	0	.	0	0
---	---	---	---	---

0	0	.	0	0
---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5900

Amount of Each Disbursement this Period

[REDACTED] 37.69

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5901

Amount of Each Disbursement this Period

[REDACTED] 39.51

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

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
0	7		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5902

Amount of Each Disbursement this Period

[REDACTED] 48.89

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5903

Amount of Each Disbursement this Period

[REDACTED] 36.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5904

Amount of Each Disbursement this Period

[REDACTED] 86.29

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5905

Amount of Each Disbursement this Period

[REDACTED] 27.21

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5906

Amount of Each Disbursement this Period

[REDACTED] 33.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5348]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5907

Amount of Each Disbursement this Period

[REDACTED] 66.58

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5908

Amount of Each Disbursement this Period

[REDACTED] 10.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5909

Amount of Each Disbursement this Period

[REDACTED] 33.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5910

Amount of Each Disbursement this Period

[REDACTED] 48.08

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7		2	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5911

Amount of Each Disbursement this Period

[REDACTED] 6.73

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7			2	3			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5912

Amount of Each Disbursement this Period

[REDACTED] 44.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7			2	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5913

Amount of Each Disbursement this Period

[REDACTED] 29.34

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	7			2	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5914

Amount of Each Disbursement this Period

[REDACTED] 17.96

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5915

Amount of Each Disbursement this Period

[REDACTED] 11.35

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5916

Amount of Each Disbursement this Period

[REDACTED] 28.44

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5917

Amount of Each Disbursement this Period

[REDACTED] 33.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5918

Amount of Each Disbursement this Period

[REDACTED] 6.05

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5919

Amount of Each Disbursement this Period

[REDACTED] 6.05

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5920

Amount of Each Disbursement this Period

[REDACTED] 24.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5921

Amount of Each Disbursement this Period

[REDACTED] 16.10

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5922

Amount of Each Disbursement this Period

[REDACTED] 17.22

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

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
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5923

Amount of Each Disbursement this Period

[REDACTED] 18.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5924

Amount of Each Disbursement this Period

[REDACTED] 19.35

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5925

Amount of Each Disbursement this Period

[REDACTED] 45.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: GROUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5926

Amount of Each Disbursement this Period

[REDACTED] 51.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 03 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5927

Amount of Each Disbursement this Period: 19.19

Memo Item

**B. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5928

Amount of Each Disbursement this Period: 20.67

Memo Item

**C. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 07 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5929

Amount of Each Disbursement this Period: 22.48

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5350]: TRAVEL: GROUND

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
0	9		0	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5930

Amount of Each Disbursement this Period

[REDACTED] 27.47

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

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
0	9		2	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5931

Amount of Each Disbursement this Period

[REDACTED] 22.54

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

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
0	9		3	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5932

Amount of Each Disbursement this Period

[REDACTED] 14.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

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
0	9			3	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5933

Amount of Each Disbursement this Period

[REDACTED] 24.34

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

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
0	9			3	0			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5934

Amount of Each Disbursement this Period

[REDACTED] 94.30

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

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	0			0	1			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5935

Amount of Each Disbursement this Period

[REDACTED] 15.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5936

Amount of Each Disbursement this Period

[REDACTED] 16.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5937

Amount of Each Disbursement this Period

[REDACTED] 47.13

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5351]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5938

Amount of Each Disbursement this Period

[REDACTED] 65.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5939

Amount of Each Disbursement this Period

[REDACTED] 54.56

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5940

Amount of Each Disbursement this Period

[REDACTED] 19.17

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5941

Amount of Each Disbursement this Period

[REDACTED] 24.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			07			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5942

Amount of Each Disbursement this Period

[REDACTED] 31.56

Memo Item

Full Name (Last, First, Middle Initial)

### B. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5943

Amount of Each Disbursement this Period

[REDACTED] 14.18

Memo Item

Full Name (Last, First, Middle Initial)

### C. UBER

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

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			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5944

Amount of Each Disbursement this Period

[REDACTED] 21.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5945

Amount of Each Disbursement this Period

[REDACTED] 32.26

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5946

Amount of Each Disbursement this Period

[REDACTED] 46.31

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5947

Amount of Each Disbursement this Period

[REDACTED] 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5948

Amount of Each Disbursement this Period

[REDACTED] 24.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5949

Amount of Each Disbursement this Period

[REDACTED] 46.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST 400

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5950

Amount of Each Disbursement this Period

[REDACTED] 130.58

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 0.00

[REDACTED]





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST 400

City  
SAN FRANCISCO

State  
CA

Zip Code  
94103

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5352]: TRAVEL: GROUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5954

Amount of Each Disbursement this Period

[REDACTED] 74.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED AIRLINES**

Mailing Address 609 MAIN ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5995

Amount of Each Disbursement this Period

[REDACTED] 223.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED AIRLINES**

Mailing Address 609 MAIN ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement  
CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR: BAGGAGE 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	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5996

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**MAKE AMERICA GREAT AGAIN INC.**

Full Name (Last, First, Middle Initial)

### A. UNITED AIRLINES

Mailing Address 609 MAIN ST

City  
HOUSTON

State  
TX

Zip Code  
77002

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5349]: TRAVEL: AIR: BAGGAGE FEE

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5997**

Amount of Each Disbursement this Period

[REDACTED] 8.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. WALDORF ASTORIA BEVERLY HILLS

Mailing Address 9850 WILSHIRE BLVD

City  
BEVERLY HILLS

State  
CA

Zip Code  
90210

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5351]: TRAVEL: MEALS

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.6008**

Amount of Each Disbursement this Period

[REDACTED] 97.03

Memo Item

Full Name (Last, First, Middle Initial)

### C. WESTIN AUSTIN

Mailing Address 310 E 5TH STREET

City  
AUSTIN

State  
TX

Zip Code  
78701

Purpose of Disbursement

CREDIT CARD PMT [SB21B.5352]: TRAVEL: LODGING

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]  
**Transaction ID : SB21B.5963**

Amount of Each Disbursement this Period

[REDACTED] 23.32

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 0.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

**A. WESTIN AUSTIN DOWNTOWN**

Full Name (Last, First, Middle Initial)

Mailing Address 310 EAST 5TH ST

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement REIMBURSEMENT [SB21B.5696]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5769

Amount of Each Disbursement this Period: 292.86

Memo Item

**B. W FT LAUDERDALE**

Full Name (Last, First, Middle Initial)

Mailing Address 401 N FT LAUDERDALE BEACH BLVD

City FORT LAUDERDALE State FL Zip Code 33304

Purpose of Disbursement CREDIT CARD PMT [SB21B.5347]: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 08 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5979

Amount of Each Disbursement this Period: 587.88

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	477577.14

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. HEARTON, JOHN, , ,**

Mailing Address 675 ANDERSON CT

City  
SATELLITE BEACH

State  
FL

Zip Code  
32937

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2023			

FEC Identification Number

**C** [ ]

**Transaction ID : SB28A.6145**

Amount of Each Disbursement this Period

[ ] 100000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	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).....▶

[ ] 100000.00

[ ] 100000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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. SAVE AMERICA**

Mailing Address P.O. BOX 13570

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	3

FEC Identification Number

**C** C00762591  
**Transaction ID : SB28C.5664**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAVE AMERICA**

Mailing Address P.O. BOX 13570

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	3

FEC Identification Number

**C** C00762591  
**Transaction ID : SB28C.5665**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. SAVE AMERICA**

Mailing Address P.O. BOX 13570

City  
ARLINGTON

State  
VA

Zip Code  
22219

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  
 Senate  
 President

State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	3

FEC Identification Number

**C** C00762591  
**Transaction ID : SB28C.5666**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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 checked="" 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) <b>A. SAVE AMERICA</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2023
Mailing Address P.O. BOX 13570		FEC Identification Number C00762591 <b>Transaction ID : SB28C.5667</b> Amount of Each Disbursement this Period 5000000.00
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CONTRIBUTION REFUND	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. SAVE AMERICA</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2023
Mailing Address P.O. BOX 13570		FEC Identification Number C00762591 <b>Transaction ID : SB28C.5668</b> Amount of Each Disbursement this Period 5000000.00
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CONTRIBUTION REFUND	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. SAVE AMERICA</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2023
Mailing Address P.O. BOX 13570		FEC Identification Number C00762591 <b>Transaction ID : SB28C.5669</b> Amount of Each Disbursement this Period 5000000.00
City ARLINGTON	State VA	
Zip Code 22219	Purpose of Disbursement CONTRIBUTION REFUND	Memo Item <input type="checkbox"/>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 287 OF 327
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MAKE AMERICA GREAT AGAIN INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RESTORE AMERICA MEDIA LLC</b>			Nature of Debt (Purpose): PRODUCTION COST: TV AD
Mailing Address 1626 BELLE VIEW BLVD STE 7045			
City ALEXANDRIA	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period <input type="text" value="19303.54"/>	<b>Transaction ID : SD10.5073</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="19303.54"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RESTORE AMERICA MEDIA LLC</b>			Nature of Debt (Purpose): PRODUCTION COST: TV AD - UNPAID PORTION OF IE [SE4467]
Mailing Address 1626 BELLE VIEW BLVD STE 7045			
City ALEXANDRIA	State VA	Zip Code 22307	

Outstanding Balance Beginning This Period <input type="text" value="20594.17"/>	<b>Transaction ID : SD10.5075</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="20594.17"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 08/07/2023
Amount 1900774.00
Transaction ID: SE.5082
Date of Disbursement or Obligation 08/04/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3277238.26

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 08/21/2023
Amount 500753.00
Transaction ID: SE.5086
Date of Disbursement or Obligation 08/17/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 20358014.13

(a) SUBTOTAL of Itemized Independent Expenditures 2401527.00
(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.

GANTT, CHARLES, , ,
Signature Date 01/31/2024



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5082

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).

Form/Schedule: SE

Transaction ID: SE.5086

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to Iowa, the state with the next upcoming presidential primary (or caucus).

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER
C C00825851

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Calendar Year-To-Date Per Election for Office Sought 3792575.62
Disbursement For: Primary

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: TRUMP, DONALD J., , ,
Calendar Year-To-Date Per Election for Office Sought 20872993.05
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1003313.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01 / 31 / 2024

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5087

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 09/16/2023
Amount 502560.00
Transaction ID : SE.5107
Date of Disbursement or Obligation 09/14/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 21381429.13

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 09/23/2023
Amount 501660.00
Transaction ID : SE.5123
Date of Disbursement or Obligation 09/21/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 21888965.20

(a) SUBTOTAL of Itemized Independent Expenditures 1004220.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 09/23/2023
Amount 501660.00
Transaction ID : SE.5124
Date of Disbursement or Obligation 09/21/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 22390625.20

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 09/30/2023
Amount 519060.00
Transaction ID : SE.5130
Date of Disbursement or Obligation 09/28/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 23127578.22

(a) SUBTOTAL of Itemized Independent Expenditures 1020720.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 09/30/2023
Amount 519060.00
Transaction ID: SE.5131
Date of Disbursement or Obligation 09/28/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/07/2023
Amount 468460.00
Transaction ID: SE.5137
Date of Disbursement or Obligation 10/04/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 987520.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/07/2023
Amount 468460.00
Transaction ID : SE.5138
Date of Disbursement or Obligation 10/04/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 24778273.46

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 10/14/2023
Amount 468460.00
Transaction ID : SE.5142
Date of Disbursement or Obligation 10/12/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 25246733.46

(a) SUBTOTAL of Itemized Independent Expenditures 936920.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10/14/2023
Amount 468460.00
Transaction ID : SE.5143
Date of Disbursement or Obligation 10/12/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 25715193.46

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10/21/2023
Amount 469460.50
Transaction ID : SE.5153
Date of Disbursement or Obligation 10/18/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 26196328.58

(a) SUBTOTAL of Itemized Independent Expenditures 937920.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10 / 21 / 2023
Amount 469460.50
Transaction ID : SE.5154
Date of Disbursement or Obligation 10 / 18 / 2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10 / 28 / 2023
Amount 30873.70
Transaction ID : SE.5161
Date of Disbursement or Obligation 10 / 26 / 2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 500334.20
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10/28/2023
Amount 2323.83
Transaction ID : SE.5162
Date of Disbursement or Obligation 10/26/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 26698986.61

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Category/Type
Date of Public Distribution/Dissemination 10/28/2023
Amount 905722.47
Transaction ID : SE.5164
Date of Disbursement or Obligation 10/26/2023

Name of Federal Candidate: DESANTIS, RON, DION, ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 27604709.08

(a) SUBTOTAL of Itemized Independent Expenditures 908046.30
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: DESANTIS, RON, DION,
Calendar Year-To-Date Per Election for Office Sought 28772179.95
Disbursement For: Primary

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: DESANTIS, RON, DION,
Calendar Year-To-Date Per Election for Office Sought 29286000.95
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1446041.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 11 / 11 / 2023
Amount 29427.93
Transaction ID : SE.5186
Date of Disbursement or Obligation 11 / 08 / 2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 29315428.88
Disbursement For: Primary General 2024 Other (specify)

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 11 / 11 / 2023
Amount 390971.07
Transaction ID : SE.5188
Date of Disbursement or Obligation 11 / 08 / 2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 29706399.95
Disbursement For: Primary General 2024 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 420399.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 11/18/2023
Amount 1723015.65
Transaction ID : SE.5192
Date of Disbursement or Obligation 11/14/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 11/18/2023
Amount 129689.35
Transaction ID : SE.5193
Date of Disbursement or Obligation 11/14/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1852705.00
(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.

GANTT, CHARLES, , ,
Signature

Date 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 11/18/2023
Amount 13200.00
Transaction ID: SE.5197
Date of Disbursement or Obligation 11/14/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 31750661.19

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Date of Public Distribution/Dissemination 12/19/2023
Amount 1559374.70
Transaction ID: SE.5221
Date of Disbursement or Obligation 12/12/2023

Name of Federal Candidate: HALEY, NIKKI,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3686452.64

(a) SUBTOTAL of Itemized Independent Expenditures 1572574.70
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: HALEY, NIKKI, , ,
Calendar Year-To-Date Per Election for Office Sought 5427654.18
Disbursement For: Primary

Full Name of Payee DEL RAY MEDIA LLC
Mailing Address P.O. BOX 1309
City ALEXANDRIA State VA Zip Code 22313
Purpose of Expenditure PLACED MEDIA: TV
Name of Federal Candidate: HALEY, NIKKI, , ,
Calendar Year-To-Date Per Election for Office Sought 7119913.04
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 3059020.45
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 09/22/2023
Amount 217893.02
Transaction ID: SE.5127
Date of Disbursement or Obligation 09/22/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 22608518.22

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Date of Public Distribution/Dissemination 09/29/2023
Amount 50390.40
Transaction ID: SE.5132
Date of Disbursement or Obligation 09/29/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 23697028.62

(a) SUBTOTAL of Itemized Independent Expenditures 268283.42
(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 01/31/2024



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 10/13/2023
Amount 144324.84
Transaction ID: SE.5144
Date of Disbursement or Obligation 09/29/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 23841353.46

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 11/03/2023
Amount 72162.42
Transaction ID: SE.5172
Date of Disbursement or Obligation 10/30/2023

Name of Federal Candidate: TRUMP, DONALD J.,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 27695635.11

(a) SUBTOTAL of Itemized Independent Expenditures 216487.26
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 11 / 03 / 2023
Amount 144324.84
Transaction ID : SE.5173
Date of Disbursement or Obligation 10 / 30 / 2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 27839959.95

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Category/Type
Date of Public Distribution/Dissemination 11 / 09 / 2023
Amount 17015.70
Transaction ID : SE.5179
Date of Disbursement or Obligation 11 / 09 / 2023

Name of Federal Candidate: TRUMP, DONALD J.,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 29723415.65

(a) SUBTOTAL of Itemized Independent Expenditures 161340.54
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: TEXT MESSAGES
Date of Public Distribution/Dissemination: 11/09/2023
Amount: 17015.70
Transaction ID: SE.5180
Date of Disbursement or Obligation: 11/09/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support: [ ], Oppose: [X]
Office Sought: [X] President, [ ] House, [ ] Senate
State: IA
Calendar Year-To-Date Per Election for Office Sought: 29740431.35
Disbursement For: [X] Primary, [ ] General 2024, [ ] Other (specify)

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 11/17/2023
Amount: 144324.84
Transaction ID: SE.5191
Date of Disbursement or Obligation: 11/09/2023

Name of Federal Candidate: TRUMP, DONALD J.,
Support: [X], Oppose: [ ]
Office Sought: [X] President, [ ] House, [ ] Senate
State: IA
Calendar Year-To-Date Per Election for Office Sought: 29884756.19
Disbursement For: [X] Primary, [ ] General 2024, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 161340.54
(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: 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: TEXT MESSAGES
Date of Public Distribution/Dissemination: 12/01/2023
Amount: 8201.64
Transaction ID: SE.5201
Date of Disbursement or Obligation: 11/29/2023
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President
Disbursement For: Primary

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination: 12/01/2023
Amount: 160877.94
Transaction ID: SE.5200
Date of Disbursement or Obligation: 11/30/2023
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 169079.58
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on 12/08/2023

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: DIRECT MAIL: PRINTING AND POSTAGE
Name of Federal Candidate: TRUMP, DONALD J., , Support
Amount: 321755.88
Transaction ID: SE.5209
Date of Disbursement or Obligation: 12/04/2023
Disbursement For: Primary

Full Name of Payee: ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address: 701 S HOWARD AVE, STE 106-848, TAMPA, FL 33606
Purpose of Expenditure: TEXT MESSAGES
Name of Federal Candidate: BIDEN, JOSEPH R JR., , Oppose
Amount: 5564.79
Transaction ID: SE.5210
Date of Disbursement or Obligation: 12/08/2023
Disbursement For: Primary

(a) SUBTOTAL of Itemized Independent Expenditures 327320.67
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Date of Public Distribution/Dissemination 12/08/2023
Amount 61203.69
Transaction ID : SE.5211
Date of Disbursement or Obligation 12/08/2023

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 12/18/2023
Amount 160877.94
Transaction ID : SE.5218
Date of Disbursement or Obligation 12/13/2023

Name of Federal Candidate: TRUMP, DONALD J., ,
Support Oppose
Office Sought: President Senate State: IA
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 222081.63
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 12/18/2023
Amount 171815.18
Transaction ID: SE.5216
Date of Disbursement or Obligation 12/15/2023

Name of Federal Candidate: HALEY, NIKKI, , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3858267.82

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Date of Public Distribution/Dissemination 12/22/2023
Amount 201097.43
Transaction ID: SE.5232
Date of Disbursement or Obligation 12/18/2023

Name of Federal Candidate: TRUMP, DONALD J., , ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 32670240.50

(a) SUBTOTAL of Itemized Independent Expenditures 372912.61
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 12/22/2023
Amount 120658.45
Transaction ID: SE.5233
Date of Disbursement or Obligation 12/18/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, ,
Support Oppose
Office Sought: President
House Senate
District: State: IA
Calendar Year-To-Date Per Election for Office Sought 32790898.95
Disbursement For: Primary General
Other (specify)

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Category/Type
Date of Public Distribution/Dissemination 12/20/2023
Amount 105902.52
Transaction ID: SE.5227
Date of Disbursement or Obligation 12/19/2023

Name of Federal Candidate: HALEY, NIKKI, ,
Support Oppose
Office Sought: President
House Senate
District: State: NH
Calendar Year-To-Date Per Election for Office Sought 5533556.70
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 226560.97
(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 01/31/2024



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE
Category/Type
Date of Public Distribution/Dissemination 12/29/2023
Amount 85910.59
Transaction ID: SE.5240
Date of Disbursement or Obligation 12/20/2023

Name of Federal Candidate: HALEY, NIKKI, , ,
Support Oppose
Office Sought: President
House Senate
District: State: NH
Calendar Year-To-Date Per Election for Office Sought 5619467.29
Disbursement For: Primary General
Other (specify)

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Category/Type
Date of Public Distribution/Dissemination 12/29/2023
Amount 10830.64
Transaction ID: SE.5243
Date of Disbursement or Obligation 12/26/2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Support Oppose
Office Sought: President
House Senate
District: State: IA
Calendar Year-To-Date Per Election for Office Sought 32801729.59
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96741.23
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee ELECTORAL COMMUNICATIONS GROUP LLC
Mailing Address 701 S HOWARD AVE STE 106-848
City TAMPA State FL Zip Code 33606
Purpose of Expenditure TEXT MESSAGES
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President
Disbursement For: Primary
Amount 97475.81
Transaction ID : SE.5244

Full Name of Payee GO BIG MEDIA
Mailing Address 44 CANAL CENTER PLZ STE 315
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure PRODUCTION COST: OUTDOOR ADVERTISING
Name of Federal Candidate: DESANTIS, RON, DION, , Oppose
Office Sought: President
Disbursement For: Primary
Amount 1500.00
Transaction ID : SE.5252

(a) SUBTOTAL of Itemized Independent Expenditures 98975.81
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD [SE:5702]
Date of Public Distribution/Dissemination 04 / 26 / 2023
Amount 19303.54
Transaction ID : SE.6414
Date of Disbursement or Obligation 07 / 31 / 2023

Name of Federal Candidate: DESANTIS, RON, DION, ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 19857261.13

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Date of Public Distribution/Dissemination 08 / 07 / 2023
Amount 14584.36
Transaction ID : SE.5079
Date of Disbursement or Obligation 08 / 07 / 2023

Name of Federal Candidate: BIDEN, JOSEPH R JR, ,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3291822.62

(a) SUBTOTAL of Itemized Independent Expenditures 33887.90
(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 01 / 31 / 2024

: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5079

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).

Form/Schedule:

Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , , Support
Office Sought: President State: IA
Disbursement For: Primary
Amount 5749.22
Transaction ID: SE.5088
Date of Disbursement or Obligation 08/18/2023
Calendar Year-To-Date Per Election for Office Sought 20363763.35

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , Oppose
Office Sought: President State: SC
Disbursement For: Primary
Amount 5749.22
Transaction ID: SE.5089
Date of Disbursement or Obligation 08/18/2023
Calendar Year-To-Date Per Election for Office Sought 3798324.84

(a) SUBTOTAL of Itemized Independent Expenditures 11498.44
(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 01/31/2024

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5088

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to Iowa, the state with the next upcoming presidential primary (or caucus).

Form/Schedule: SE

Transaction ID: SE.5089

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 20369260.95
Disbursement For: Primary 2024

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR., , Oppose
Office Sought: President State: SC
Calendar Year-To-Date Per Election for Office Sought 3803822.44
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 10995.20
(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 01 / 31 / 2024

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5090

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to Iowa, the state with the next upcoming presidential primary (or caucus).

Form/Schedule: SE

Transaction ID: SE.5091

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,
Calendar Year-To-Date Per Election for Office Sought 3804994.54
Disbursement For: Primary General Other (specify)

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , ,
Calendar Year-To-Date Per Election for Office Sought 20370433.05
Disbursement For: Primary General Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2344.20
(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 01 / 31 / 2024

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SE

Transaction ID : SE.5098

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to South Carolina, the state with the next upcoming presidential primary (or caucus).

Form/Schedule: SE

Transaction ID: SE.5100

This expenditure was broadcast nationally (more than six states) and not targeted towards a specific state or states. Despite this fact, and pursuant to updated FEC regulations and guidance regarding multistate independent expenditures, the Committee has aggregated the total amount to Iowa, the state with the next upcoming presidential primary (or caucus).

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , , Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 20878869.13
Disbursement For: Primary 2024

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , Oppose
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 21387305.20
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 11752.15
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: TRUMP, DONALD J., , , Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 25721030.77
Disbursement For: Primary General 2024

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , Oppose
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 25726868.08
Disbursement For: Primary General 2024

(a) SUBTOTAL of Itemized Independent Expenditures 11674.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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GANTT, CHARLES, , ,
Signature

Date 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD (ESTIMATED)
Name of Federal Candidate: TRUMP, DONALD J., , Support
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 27610866.63
Disbursement For: Primary 2024

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD (ESTIMATED)
Name of Federal Candidate: BIDEN, JOSEPH R JR, , Oppose
Office Sought: President State: IA
Calendar Year-To-Date Per Election for Office Sought 27611330.10
Disbursement For: Primary 2024

(a) SUBTOTAL of Itemized Independent Expenditures 6621.02
(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 01 / 31 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Date of Public Distribution/Dissemination 10/28/2023
Amount 12142.59
Transaction ID : SE.5160
Date of Disbursement or Obligation 10/27/2023

Name of Federal Candidate: DESANTIS, RON, DION,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 27623472.69

Full Name of Payee RESTORE AMERICA MEDIA LLC
Mailing Address 1626 BELLE VIEW BLVD STE 7045
City ALEXANDRIA State VA Zip Code 22307
Purpose of Expenditure PRODUCTION COST: TV AD
Date of Public Distribution/Dissemination 12/19/2023
Amount 10811.66
Transaction ID : SE.5220
Date of Disbursement or Obligation 12/18/2023

Name of Federal Candidate: HALEY, NIKKI,
Support Oppose
Office Sought: President
Disbursement For: Primary
Calendar Year-To-Date Per Election for Office Sought 3869079.48

(a) SUBTOTAL of Itemized Independent Expenditures 22954.25
(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 01/31/2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) MAKE AMERICA GREAT AGAIN INC.
FEC IDENTIFICATION NUMBER C C00825851

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee THE LAMAR COMPANIES
Mailing Address PO BOX 746966
City ATLANTA State GA Zip Code 30374
Purpose of Expenditure OUTDOOR ADVERTISING: BILLBOARDS
Name of Federal Candidate: DESANTIS, RON, DION,
Calendar Year-To-Date Per Election for Office Sought 10884.00
Disbursement For: Primary 2024

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Name of Federal Candidate:
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 10134.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 20494247.19

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 01 / 31 / 2024