

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAHA PAC

Report Covering the Period: From: 01 / 01 / 2026 To: 01 / 31 / 2026

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2026 | | 1445206.18 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1445206.18 | |
| (c) Total Receipts (from Line 19) | 3193.49 | 3193.49 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1448399.67 | 1448399.67 |
| 7. Total Disbursements (from Line 31)..... | 152565.32 | 152565.32 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1295834.35 | 1295834.35 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 96028.73 | |

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MAHA PAC

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

| 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)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 0.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 3193.49 | 3193.49 |
| 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)).....▶ | 3193.49 | 3193.49 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 3193.49 | 3193.49 |

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 | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 152565.32 | 152565.32 |
| 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)) .. | 152565.32 | 152565.32 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 152565.32 | 152565.32 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amending in response to the Request for Additional Information received, dated April 14, 2026, regarding the memo transactions. The memo transactions that appear on this report are the itemized credit card transactions for the month of January. The credit card activity was additionally disclosed in the debt owed by committee with the prior debt and an additional debt entry listed for transactions made from 1/1/206-1/31/2026 to disclose and update the remaining balance as of 1/31/2026.

Form/Schedule:
Transaction ID:

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

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

NAME OF COMMITTEE (In Full)
MAHA PAC

A. Wells Fargo

Mailing Address 420 Montgomery St

| | | |
|-----------------------|-------------|------------------------|
| City San Francisco | State CA | Zip Code 94104-1207 |
|-----------------------|-------------|------------------------|

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 ▼
3193.49

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 30 | | 2026 |

Transaction ID : AB345EA1FC4704F94A03

Amount of Each Receipt this Period
3193.49

Memo Item

Interest

B.

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

C.

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3193.49 |
| TOTAL This Period (last page this line number only).....▶ | 3193.49 |

**SCHEDULE B (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 type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)
MAHA PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. De Becker, Gavin, , , | | Date of Disbursement MM / DD / YYYY 01 / 26 / 2026 |
| Mailing Address 1078 Polipoli Rd | | FEC Identification Number C Transaction ID : B1979BABE0 Amount of Each Disbursement this Period 150000.00 |
| City Kula | State HI | |
| Zip Code 96790-7625 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Non-Contribution Account - Refund of contribution | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Intuit | | Date of Disbursement MM / DD / YYYY 01 / 29 / 2026 |
| Mailing Address 2700 Coast Ave | | FEC Identification Number C Transaction ID : BCC24445B6 Amount of Each Disbursement this Period 622.24 |
| City Mountain View | State CA | |
| Zip Code 94043-1140 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Noncontribution account - Software & apps | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Intuit | | Date of Disbursement MM / DD / YYYY 01 / 20 / 2026 |
| Mailing Address 2700 Coast Ave | | FEC Identification Number C Transaction ID : B5B4059865 Amount of Each Disbursement this Period 418.08 |
| City Mountain View | State CA | |
| Zip Code 94043-1140 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement Noncontribution account - Software & apps | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other | |
| State: District: | | |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 151040.32 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 29 is checked.

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

NAME OF COMMITTEE (In Full)
MAHA PAC

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

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

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

SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only) 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 type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

MAHA PAC

Full Name (Last, First, Middle Initial)

A. X Corp.

Mailing Address 1355 Market St

City
San Francisco

State
CA

Zip Code
94103-1307

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 6 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : B5D266D47E

Amount of Each Disbursement this Period

960.17

Memo Item

Full Name (Last, First, Middle Initial)

B. First Page Management

Mailing Address 1803 Evergreen Ave

City
Austin

State
TX

Zip Code
78704-2921

Purpose of Disbursement
Noncon FNBO CC - Media

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 3 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : BE3BA20BFE

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Webflow

Mailing Address 398 11th St

City
San Francisco

State
CA

Zip Code
94103-4392

Purpose of Disbursement
Memberships & subscriptions

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) **Other**

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 6 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Transaction ID : B89725862D

Amount of Each Disbursement this Period

210.13

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

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

NAME OF COMMITTEE (In Full)
MAHA PAC

A. Three Arbor Insurance

Full Name (Last, First, Middle Initial)

Mailing Address 2828 Old 280 Ct

City Vestavia State AL Zip Code 35243-2651

Purpose of Disbursement
Noncon FNBO CC - Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify) Other

Date of Disbursement: 01 / 16 / 2026

FEC Identification Number: C
Transaction ID : BA40D2DFE7
Amount of Each Disbursement this Period: 75271.23

Memo Item

B. Arrival Creative LLC

Full Name (Last, First, Middle Initial)

Mailing Address 14141 Winterset Dr

City Orlando State FL Zip Code 32832-6517

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify) Other

Date of Disbursement: 01 / 14 / 2026

FEC Identification Number: C
Transaction ID : BC4BD85656I
Amount of Each Disbursement this Period: 250.00

Memo Item

C. X Corp.

Full Name (Last, First, Middle Initial)

Mailing Address 1355 Market St

City San Francisco State CA Zip Code 94103-1307

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify) Other

Date of Disbursement: 01 / 29 / 2026

FEC Identification Number: C
Transaction ID : BA4642801B
Amount of Each Disbursement this Period: 8.71

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

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

NAME OF COMMITTEE (In Full)

MAHA PAC

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View

State CA

Zip Code 94043-1351

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [Redacted]

Transaction ID : B54732A2A01

Amount of Each Disbursement this Period

[Redacted] 274.48

Memo Item

Full Name (Last, First, Middle Initial)

B. Arrival Creative LLC

Mailing Address 14141 Winterset Dr

City Orlando

State FL

Zip Code 32832-6517

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

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

FEC Identification Number

C [Redacted]

Transaction ID : B9F6AE40251

Amount of Each Disbursement this Period

[Redacted] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Webflow

Mailing Address 398 11th St

City San Francisco

State CA

Zip Code 94103-4392

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) Other

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C [Redacted]

Transaction ID : B79C8D2145

Amount of Each Disbursement this Period

[Redacted] 31.57

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

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

NAME OF COMMITTEE (In Full)
MAHA PAC

A. Arrival Creative LLC

Full Name (Last, First, Middle Initial)

Mailing Address 14141 Winterset Dr

City Orlando State FL Zip Code 32832-6517

Purpose of Disbursement
Noncon FNBO CC - Software & apps

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2026
 Primary General
 Other (specify) Other

Date of Disbursement
MM / DD / YYYY
01 / 25 / 2026

FEC Identification Number
C

Transaction ID : BC48007189€

Amount of Each Disbursement this Period
177.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 152540.32 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 14 OF 14 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
MAHA PAC

| | | | |
|---|-------------|------------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor First National Bank of Omaha | | | Nature of Debt (Purpose): Noncontribution acct CC Balance |
| Mailing Address 1620 Dodge St | | | |
| City Omaha | State NE | Zip Code 68197-0003 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 13301.65 | Transaction ID : D95CABAA5EB4A497689E | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 13301.65 |

| | | | |
|---|-------------|------------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First National Bank of Omaha | | | Nature of Debt (Purpose): Noncontribution acct - 1/1-1/31 CC Debt |
| Mailing Address 1620 Dodge St | | | |
| City Omaha | State NE | Zip Code 68197-0003 | |

| | | |
|---|---------------------------------------|---|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : D4AA500953F504CCA97C | |
| Amount Incurred This Period 82727.08 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 82727.08 |

| | | | |
|--|-------|----------|---------------------------|
| 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 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |

| | |
|--|----------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 96028.73 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 96028.73 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 96028.73 |