

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

NAME OF COMMITTEE (In Full) MAHA ALLIANCE			FEC IDENTIFICATION NUMBER ▼ C C00888172		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee BIG TRUTH INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2024		
Mailing Address 23600 PEDERNALES CANYON TRAIL			Amount 19800.00		
City State Zip Code SPICEWOOD TX 78669		Transaction ID : SE24.21278 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024			
Purpose of Expenditure DIGITAL MEDIA PRODUCTION / FOOD AND BEVERAGE / TRAVEL		Category/Type 			
Name of Federal Candidate TRUMP, DONALD, J., ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3868389.22		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
Full Name of Payee SABRE TEAM LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2024		
Mailing Address 1109 JASPER COURT			Amount 3919.50		
City State Zip Code SAN MARCOS CA 92078		Transaction ID : SE24.21279 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 28 / 2024			
Purpose of Expenditure SECURITY		Category/Type 			
Name of Federal Candidate TRUMP, DONALD, J., ,		☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		3868389.22		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23719.50		
(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.					
Signature GONZALEZ, BRITNEY, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		

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NAME OF COMMITTEE (In Full) MAHA ALLIANCE			FEC IDENTIFICATION NUMBER ▼ C C00888172		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee THINK STORY FILMS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2024		
Mailing Address 1216 FINKLE ROAD PB-1			Amount 22254.72		
City ANDES		State NY	Zip Code 13731		Transaction ID : SE24.21277
Purpose of Expenditure DIGITAL MEDIA PRODUCTION		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 23 / 2024	
Name of Federal Candidate TRUMP, DONALD, J., ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 3868389.22			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			☐ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22254.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			45974.22		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature GONZALEZ, BRITNEY, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 28 / 2024		