

**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

MAGA INC.

ADDRESS (number and street)

C/O BULLDOG COMPLIANCE

138 CONANT ST STE 401

Check if different
than previously
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00892471

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

TN

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

GANTT, CHARLES, , ,

Signature of Treasurer

GANTT, CHARLES, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MAGA INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2025 To: M M / D D / Y Y Y Y Y Y
12 22 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2025		23799995.95
(b) Cash on Hand at Beginning of Reporting Period.....	196100938.36	
(c) Total Receipts (from Line 19)	102172431.65	279081026.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	298273370.01	302881022.60
7. Total Disbursements (from Line 31)	3857290.80	8464943.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294416079.21	294416079.21
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)	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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MAGA INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	1		2	0	2	5		

To:

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

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.).....	102172431.65	279081026.65
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))	102172431.65	279081026.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	102172431.65	279081026.65

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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)	1690360.99	1690360.99
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).....	2166929.81	6774582.40
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)) ..	3857290.80	8464943.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3857290.80	8464943.39

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 122
(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)

MAGA INC.

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

A. ALDEN MANAGEMENT SERVICES INC.

Mailing Address 4200 W. PETERSON AVE STE 140

City
CHICAGOState
ILZip Code
60646FEC 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 / 25 / 2025**Transaction ID : SA17.4791**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. AMERICAN RIGHTS AND REFORM PAC, INC.Mailing Address 1100 NEW JERSEY AVE SE
SUITE 2000 #249City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00843433

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2025**Transaction ID : SA17.4761**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. AMERICAN RIGHTS AND REFORM PAC, INC.Mailing Address 1100 NEW JERSEY AVE SE
SUITE 2000 #249City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00843433

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2050000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2025**Transaction ID : SA17.4999**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

1075000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. AMITY CARE, LLC

Mailing Address 4350 WILL ROGERS PKWY

City
OKLAHOMA CITYState
OKZip Code
73108FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2025

Transaction ID : SA17.4908

Amount of Each Receipt this Period

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

B. AQUINO, MICHAEL, , ,

Mailing Address 1980 FESTIVAL PLAZA DR

City
LAS VEGASState
NVZip Code
89135FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

DYNAMIC MEDICAL SVCS

FOUNDER & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2025

Transaction ID : SA17.4945

Amount of Each Receipt this Period

☐ Memo Item

NON-CONTRIBUTION

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

C. B & Y HEALTHCARE S CORP

Mailing Address 1605 46TH STREET 2ND FLOOR

City
BROOKLYNState
NYZip Code
11204FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5157

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HYPER CARE MANAGEMENT LLC
ISA17 48051**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. BAUDER, WILLIAM, , ,

Mailing Address 19440 S MUIRFIELD CIR

City
BATON ROUGEState
LAZip Code
70810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15833.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5044**

Amount of Each Receipt this Period

15833.34

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PROGRESSIVE REHAB SOLUTIONS,
LLC [SA17.48521]

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

B. BAUDER, WILLIAM, , ,

Mailing Address 19440 S MUIRFIELD CIR

City
BATON ROUGEState
LAZip Code
70810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5051**

Amount of Each Receipt this Period

16666.66

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PRIORITY MANAGEMENT GROUP,
LLC [SA17.48521]

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

C. BEEBE, ALLISON, , ,

Mailing Address 51 PRESERVE LN

City
MANDEVILLEState
LAZip Code
70471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4836**

Amount of Each Receipt this Period

33000.00

☐ Memo Item

NON-CONTRIBUTION

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

33000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. BEEBE, GLYNN, , ,

Mailing Address 1308 BRUTON SPRINGS RD

City
AUSTINState
TXZip Code
78733FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MEDICOOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA17.4838

Amount of Each Receipt this Period

34000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. BOOK, AMY, ANN, ,Mailing Address 350 EAST LAS OLAS BLVD
STE 960

City

FORT LAUDERDALE

State
FLZip Code
33301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA17.4947

Amount of Each Receipt this Period

500000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. BOOK, ROBERT, H, ,Mailing Address 350 EAST LAS OLAS BLVD
STE 960

City

FORT LAUDERDALE

State
FLZip Code
33301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOOK CAPITAL ENTERPRISES LLCOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA17.4948

Amount of Each Receipt this Period

500000.00

☐ Memo Item

NON-CONTRIBUTION

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

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

1034000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. BOULWARE, DOUGLAS, , ,

Mailing Address 6420 WILLIAMS PKWY

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15833.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5046**

Amount of Each Receipt this Period

15833.33

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PROGRESSIVE REHAB SOLUTIONS,
LLC [SA17.48531]

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

B. BOULWARE, DOUGLAS, , ,

Mailing Address 6420 WILLIAMS PKWY

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5052**

Amount of Each Receipt this Period

16666.67

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PRIORITY MANAGEMENT GROUP,
LLC [SA17.48531]

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

C. BOULWARE, STEVEN, , ,

Mailing Address 6420 WILLIAMS PKWY

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15833.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5048**

Amount of Each Receipt this Period

15833.33

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PROGRESSIVE REHAB SOLUTIONS,
LLC [SA17.48531]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 122
(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)

MAGA INC.

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

A. BOULWARE, STEVEN, , ,

Mailing Address 6420 WILLIAMS PKWY

City
DALLASState
TXZip Code
75205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5053**

Amount of Each Receipt this Period

16666.67

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PRIORITY MANAGEMENT GROUP,
LLC [SA17.48551]

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

B. BRAMMEIER, JAMES, , ,

Mailing Address 2 WHITE BIRCH

City
LITTLETONState
COZip Code
80127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QP HEALTH CARE SERVICESOccupation (for Individual)
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5071**

Amount of Each Receipt this Period

3600.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: QP HEALTH CARE SERVICES LLC
[SA17.48691]

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

C. BROCKMAN, ANNA, , ,

Mailing Address 182 HOWARD ST #119

City
SAN FRANCISCOState
CAZip Code
94105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2025**Transaction ID : SA17.5178**

Amount of Each Receipt this Period

12500000.00

☐ Memo Item

NON-CONTRIBUTION

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

12500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. BROCKMAN, GREG, , ,

Mailing Address 182 HOWARD ST #119

City
SAN FRANCISCOState
CAZip Code
94105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OPENAIOccupation (for Individual)
PRESIDENT AND CO-FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2025**Transaction ID : SA17.4915**

Amount of Each Receipt this Period

12500000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. BRODIE, ELIZABETH, W., ,

Mailing Address 2043 FISHER ISLAND DR. #2043

City
MIAMIState
FLZip Code
33109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2025**Transaction ID : SA17.5098**

Amount of Each Receipt this Period

1000000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: EWB SERVICES LLC [SA17:5038]

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

C. BROUSSARD, SCOTT, , ,

Mailing Address 145 N HIGHLAND DRIVE

City
MANYState
LAZip Code
71449FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RIGHTCARE HEALTH SERVICES LLCOccupation (for Individual)
MANAGER

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 / 08 / 2025**Transaction ID : SA17.5040**

Amount of Each Receipt this Period

25000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RIGHTCARE HEALTH SERVICES LLC
[SA17 48511]**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. C.R. STOLTZ FAMILY INVESTMENT COMPANY, INC.

Mailing Address 10123 ALLIANCE RD

City
BLUE ASHState
OHZip Code
45242FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2025

Transaction ID : SA17.5147

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HEALTH CARE FACILITY
MANAGEMENT LLC [SA17.5147]

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

B. CARESPRING HEALTH CARE HOLDINGS INC.

Mailing Address 390 WARDS CORNER ROAD

City
LOVELANDState
OHZip Code
45150FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2025

Transaction ID : SA17.5094

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: CARESPRING HEALTHCARE
MANAGEMENT LLC [SA17.4883]

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

C. CARESPRING HEALTHCARE MANAGEMENT LLC

Mailing Address 390 WARDS CORNER ROAD

City
LOVELANDState
OHZip Code
45150FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2025

Transaction ID : SA17.4883

Amount of Each Receipt this Period

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.5094]**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. CARR, RANDI, , ,

Mailing Address 975 ARMOUR CIRCLE

City
LAKE FORESTState
ILZip Code
60045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IGNITE TEAM PARTNERSOccupation (for Individual)
HEALTHCARE EXECUTIVE

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 / 21 / 2025**Transaction ID : SA17.5069**

Amount of Each Receipt this Period

50000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: WHITE PEARL FINANCIAL, LLC
ISA17.49671

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

B. CASCADIA HC GROUP LLC

Mailing Address 2205 E RIVERSIDE DR STE 100

City
EAGLEState
IDZip Code
83616FEC 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 ▼

70000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2025**Transaction ID : SA17.4793**

Amount of Each Receipt this Period

70000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

C. CBKM LLC

Mailing Address 2100 VEROT SCHOOL RD STE 4

City
LAFAYETTEState
LAZip Code
70508FEC 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
08 / 07 / 2025**Transaction ID : SA17.4795**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

120000.00

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 122

(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)

MAGA INC.

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

A. CENTRAL ARKANSAS NURSING CENTERS INC.

Mailing Address 415 ROGERS AVE

City
FORT SMITH

State
AR

Zip Code
72901

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

08 / 08 / 2025

Transaction ID : SA17.4797

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. CENTRAL MANAGEMENT COMPANY

Mailing Address 9258 HIGHWAY 84 WEST

City
WINNFIELD

State
LA

Zip Code
71483

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

08 / 12 / 2025

Transaction ID : SA17.4857

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.5055]

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

C. CODY HEALTHCARE S CORP

Mailing Address 29800 AGOURA RD #209

City
AGOURA HILLS

State
CA

Zip Code
91301

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 ▼

44050.00

Date of Receipt

08 / 20 / 2025

Transaction ID : SA17.5159

Amount of Each Receipt this Period

44050.00

☒ Memo Item

NON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HYPER CARE MANAGEMENT LLC
[SA17.4805]

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

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

200000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 122

(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)

MAGA INC.

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

A. COMMONWEALTH CARE OF ROANOKE INC.

Mailing Address 5372 FALLOWATER LANE

City
ROANOKEState
VAZip Code
24018FEC 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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2025**Transaction ID : SA17.4799**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. COOPER, FREDERICK, EANSOR, ,

Mailing Address PO BOX 643283

City
VERO BEACHState
FLZip Code
32963FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

QOL MEDICAL LLC

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2025**Transaction ID : SA17.4949**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. CULP, WAYNE, , ,

Mailing Address 55 WEST LOFTWOOD CIRCLE

City
THE WOODLANDSState
TXZip Code
77382FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

HMG HEALTHCARE

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13333.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5077**

Amount of Each Receipt this Period

13333.33

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HMG PARTNER III LLC [SA17:4871]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1005000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. D'SOUZA, MICHELLE, , ,

Mailing Address 1880 EAST VALLEY RD

City
BLOOMFIELD HILLSState
MIZip Code
48304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ANGEL INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000001.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2025**Transaction ID : SA17.4952**

Amount of Each Receipt this Period

4000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. DELAUNE, CHRIS, , ,

Mailing Address 4841 HARBORSIDE WAY

City
GONZALEZState
LAZip Code
70737FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIORITY MANAGEMENT GROUP, LLCOccupation (for Individual)
CNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2025**Transaction ID : SA17.5050**

Amount of Each Receipt this Period

2500.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PROGRESSIVE REHAB SOLUTIONS,
LLC [SA17.4853]

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

C. DELESDERNIER, MARK, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5063**

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: JESUIT BEND PROPERTIES LLC
[SA17.4863]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 122

(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)

MAGA INC.

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

A. ELMBROOK MANAGEMENT CO INC.

Mailing Address 1908 12TH AVE NW

City
ARDMOREState
OKZip Code
73401FEC 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
08 / 11 / 2025

Transaction ID : SA17.4801

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ENSIGN SERVICES INC.

Mailing Address 29222 RANCHO VIEJO RD #127

City

SAN JUAN CAPISTRANO

State
CAZip Code
92675FEC 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 ▼

750000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2025

Transaction ID : SA17.4803

Amount of Each Receipt this Period

750000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. ERP HOLDINGS LLCMailing Address 7607 FERN AVE.
STE 202

City

SHREVEPORT

State
LAZip Code
71105FEC 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
08 / 21 / 2025

Transaction ID : SA17.4881

Amount of Each Receipt this Period

100000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.5092]

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

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

900000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. ESTES, J., NORMAN, ,

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC ID number of contributing
federal political committee.☐ CName of Employer (for Individual)
NHS MANAGEMENT LLCOccupation (for Individual)
PRESIDENT

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
08 / 20 / 2025**Transaction ID : SA17.5083**

Amount of Each Receipt this Period

150000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: NORTHPORT HOLDING LLC
[SA17.4872]

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

B. ESTES, J., NORMAN, ,

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC ID number of contributing
federal political committee.☐ CName of Employer (for Individual)
NHS MANAGEMENT LLCOccupation (for Individual)
PRESIDENT

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
08 / 20 / 2025**Transaction ID : SA17.5084**

Amount of Each Receipt this Period

150000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: NHS MANAGEMENT LLC [SA17.4875]

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

C. EWB SERVICES LLC

Mailing Address 210 W RITTENHOUSE SQ

City
PHILADELPHIAState
PAZip Code
19103FEC 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 ▼

1500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2025**Transaction ID : SA17.5038**

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17:5098]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 122
(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)

MAGA INC.

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

A. FORIS DAX, INC.

Mailing Address 110 N. COLLEGE AVE SUITE 500

City
TYLERState
TXZip Code
75702FEC 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 ▼

20000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2025

Transaction ID : SA17.4920

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. FORIS DAX, INC.

Mailing Address 110 N. COLLEGE AVE SUITE 500

City
TYLERState
TXZip Code
75702FEC 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 ▼

30000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2025

Transaction ID : SA17.4959

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. GEMINI TRUST COMPANY

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016FEC 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 ▼

4401124.17

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2025

Transaction ID : SA17.4942

Amount of Each Receipt this Period

1499985.00

☐ Memo ItemNON-CONTRIBUTION: 1,500,000 USDC COINS
LIQUIDATED VIA GEMINI TRUST - PURCHASER
UNKNOWN

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

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

21499985.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. GEO REENTRY SERVICES LLC

Mailing Address 4955 TECHNOLOGY WAY

City
BOCA RATONState
FLZip Code
33431FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 09 / 2025**Transaction ID : SA17.4958**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

B. GOUX, JEREMY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5057**

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: GOUX ENTERPRISES, LLC
ISA17 48591

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

C. GOUX, JEREMY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5060**

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RIVERSIDE IMMOVABLES LLC
ISA17 48611**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. GOUX, JEREMY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7812.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5064**

Amount of Each Receipt this Period

1562.50

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: JESUIT BEND PROPERTIES LLC
ISA17 48631

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

B. GOUX, JEREMY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10937.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5066**

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: IDAHO IMMOVABLES LLC
ISA17 48651

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

C. GOUX, TIMOTHY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.5059**

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: GOUX ENTERPRISES, LLC
ISA17 48591**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. GOUX, TIMOTHY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA17.5061

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RIVERSIDE IMMOVABLES LLC
ISA17 48611

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

B. GOUX, TIMOTHY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7812.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA17.5065

Amount of Each Receipt this Period

1562.50

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: JESUIT BEND PROPERTIES LLC
ISA17 48631

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

C. GOUX, TIMOTHY, , ,

Mailing Address 2045 HWY 59

City
MANDEVILLEState
LAZip Code
70433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10937.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA17.5067

Amount of Each Receipt this Period

3125.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: IDAHO IMMOVABLES LLC
ISA17 48651**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. GOUX ENTERPRISES, LLC

Mailing Address 2045 HWY. 59

City
MANDEVILLEState
LAZip Code
70433FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4859**

Amount of Each Receipt this Period

6250.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5057; SA17:5059]

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

B. HASHEMI, NOOSHEEN, , ,Mailing Address 1259 EL CAMINO REAL
88City
MENLO PARKState
CAZip Code
94025FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

JANUARY AI

CEO

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 / 28 / 2025**Transaction ID : SA17.4954**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. HC IN OPS-MGT, LLC

Mailing Address 10123 ALLIANCE ROAD

City
BLUE ASHState
OHZip Code
45242FEC 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 ▼

93480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2025**Transaction ID : SA17.5145**

Amount of Each Receipt this Period

93480.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HEALTH CARE FACILITY
MANAGEMENT LLC [SA17 5142]**SUBTOTAL** of Receipts This Page (optional)..... ▶

1006250.00

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 122

(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)

MAGA INC.

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

A. HEALTH CARE FACILITY MANAGEMENT, LLC

Mailing Address 10123 ALLIANCE RD

City
BLUE ASH

State
OH

Zip Code
45242

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
12 / 18 / 2025

Transaction ID : SA17.5142

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5145; SA17.5147]

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

B. HERRERA, ISABELA, , ,

Mailing Address 15 HUDSON YARDS
APT 64B

City
NEW YORK

State
NY

Zip Code
10001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
FINANCE CONSULTANT

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
07 / 22 / 2025

Transaction ID : SA17.4763

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. HESS, JOHN, BRIDGE, ,

Mailing Address 1185 6TH AVE
40TH FL

City
NEW YORK CITY

State
NY

Zip Code
10036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HFO HOLDINGS

Occupation (for Individual)
PRESIDENT

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 / 12 / 2025

Transaction ID : SA17.5031

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

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

2100000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 122

(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)

MAGA INC.

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

A. HESS, SUSAN, B, ,Mailing Address 1185 6TH AVE
40TH FLCity
NEW YORK CITYState
NYZip Code
10036FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

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 / 12 / 2025**Transaction ID : SA17.5033**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. HMG PARTNERS III LLC

Mailing Address 1780 HUGHES LANDING, STE 500

City

THE WOODLANDS

State

TX

Zip Code

77380

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
08 / 20 / 2025**Transaction ID : SA17.4871**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5075; SA17.5077; SA17.5079;
SA17.5081]

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

C. HYPER CARE MANAGEMENT LLC

Mailing Address 7400 NEW LAGRANGE RD

City

LOUISVILLE

State

KY

Zip Code

40222

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
08 / 20 / 2025**Transaction ID : SA17.4805**

Amount of Each Receipt this Period

100000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5157; SA17.5159; SA17.5161;
SA17.5163; SA17.51]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. IDAHO IMMOVABLES LLC

Mailing Address 2045 HIGHWAY 59

City
MANDEVILLEState
LAZip Code
70448FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4865**

Amount of Each Receipt this Period

6250.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5066; SA17:5067]

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

B. I ROSEDALE FAMILY INVESTMENT COMPANY, INC.

Mailing Address 10123 ALLIANCE RD

City
BLUE ASHState
OHZip Code
45242FEC 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 ▼

31160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2025**Transaction ID : SA17.5151**

Amount of Each Receipt this Period

31160.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RRW, LLC [SA17.5149]

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

C. ISAACMAN, JARED, T, ,

Mailing Address 59 CAROUSEL LN

City
PALMERState
PAZip Code
18045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SHIFT4Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 15 / 2025**Transaction ID : SA17.4916**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

1006250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 122
(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)

MAGA INC.

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

A. JACKSON, RICHARD, , ,

Mailing Address 2655 NORTHWINDS PARKWAY

City
ALPHARETTAState
GAZip Code
30009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACKSON INVESTMENTOccupation (for Individual)
CEO

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 / 10 / 2025**Transaction ID : SA17.5035**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. JADEJA, ASHA, , ,

Mailing Address 92 ATHERTON AVE.

City
ATHERTONState
CAZip Code
94027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2025**Transaction ID : SA17.5003**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. JESUIT BEND PROPERTIES LLC

Mailing Address 2045 HIGHWAY 59

City
MANDEVILLEState
LAZip Code
70448FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4863**

Amount of Each Receipt this Period

6250.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5063; SA17.5064; SA17.5065]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6006250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

1353490.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2025**Transaction ID : SA17.4762**

Amount of Each Receipt this Period

389912.35

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

B. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

1783593.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2025**Transaction ID : SA17.4806**

Amount of Each Receipt this Period

430103.22

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

C. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

2265244.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2025**Transaction ID : SA17.4909**

Amount of Each Receipt this Period

481650.59

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

1301666.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

2741540.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2025

Transaction ID : SA17.4943

Amount of Each Receipt this Period

476296.59

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

B. JP MORGAN CHASE BANK, N.A.

Mailing Address 270 PARK AVENUE

City
NEW YORKState
NYZip Code
10017FEC 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 ▼

3170938.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2025

Transaction ID : SA17.5000

Amount of Each Receipt this Period

429397.90

☐ Memo Item

NON-CONTRIBUTION: INTEREST

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

C. JUUL LABS, INC

Mailing Address 560 20TH ST

City
SAN FRANCISCOState
CAZip Code
94107FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : SA17.5002

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

1905694.49

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. KAPPELER, KENDAL, , ,

Mailing Address 1207 WOODLAWN AVE

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HMG SERVICESOccupation (for Individual)
REGIONAL VP OF OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5100**

Amount of Each Receipt this Period

1666.66

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]

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

B. LANDA, BENJAMIN, , ,

Mailing Address 1044 BROADWAY

City
WOODMEREState
NYZip Code
11598FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2025**Transaction ID : SA17.4840**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. LEGACY MANAGEMENT GROUP LLCMailing Address 2431 S ACADIAN THRUWAY
STE 100City
BATON ROUGEState
LAZip Code
70808FEC 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 / 05 / 2025**Transaction ID : SA17.4911**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

5050000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. MARQUIS COMPANIES, INC.

Mailing Address 4560 SE INTL WAY, STE 100

City
MILWAUKEEState
ORZip Code
97222FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2025

Transaction ID : SA17.4808

Amount of Each Receipt this Period

☐ Memo Item

NON-CONTRIBUTION

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

B. MCGAUGHY, RON, , ,

Mailing Address 5247 INKER STREET UNIT A

City
HOUSTONState
TXZip Code
77007FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

HMG SERVICES

VP OF NETWORK DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5102

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]

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

C. MEHLER, ELIEZER, , ,

Mailing Address 68 GUDZ RD

City
LAKEWOODState
NJZip Code
08701FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

MADISON HEALTHCARE MGMT, LLC

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5166

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: MEHL HOLDINGS LLC [SA17.5161]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. MEHL HOLDINGS LLC

Mailing Address 68 GUDZ RD

City
LAKEWOODState
NJZip Code
08701FEC 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 ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5161**

Amount of Each Receipt this Period

3000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HYPER CARE MANAGEMENT LLC
[SA17.48051]

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

B. MILLENNIUM INC.

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

150000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5088**

Amount of Each Receipt this Period

150000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: NHS MANAGEMENT LLC [SA17.4877]

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

C. MILLER, KARL, RICKARD, , JR.

Mailing Address 54 ADAMS GULCH ROD

City
KETCHUMState
IDZip Code
83340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
BUSINESSMAN

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 / 21 / 2025**Transaction ID : SA17.5090**

Amount of Each Receipt this Period

50000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: NAIR LLC [SA17.4879]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5161

NON-CONTRIBUTION: SEE PROPRIETOR ATTRIBUTION [SA17.5166]

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 122
(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)

MAGA INC.

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

A. MOSKOWITZ, JAY, , ,

Mailing Address 33 SOUTHMORE DR

City
DENVERState
COZip Code
80220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QP HEALTH CARE SERVICESOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5073**

Amount of Each Receipt this Period

16400.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: QP HEALTH CARE SERVICES LLC
[SA17.48601]

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

B. NAIR LLC

Mailing Address 25115 SW PARKWAY AVE

City
WILSONVILLEState
ORZip Code
97070FEC 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
08 / 21 / 2025**Transaction ID : SA17.4879**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5090]

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

C. NELSON, KIM, , ,

Mailing Address 1006 OAK CLIFF COURT

City
CONROEState
TXZip Code
77304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HMG SERVICESOccupation (for Individual)
VP OF CLINICAL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5104**

Amount of Each Receipt this Period

1666.67

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 OF 122

(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)

MAGA INC.

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

A. NEXION HEALTH, INC.

Mailing Address 6937 WARFIELD AVE

City
SYKESVILLEState
MDZip Code
21784FEC 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
08		11		2025

Transaction ID : SA17.4810

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. NHS INC.

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

150000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5086

Amount of Each Receipt this Period

150000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: NHS MANAGEMENT LLC [SA17.4876]

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

C. NHS MANAGEMENT LLC

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

150000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.4875

Amount of Each Receipt this Period

150000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTION [SA17.5084]

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

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

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. NHS MANAGEMENT LLC

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

300000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.4876**

Amount of Each Receipt this Period

150000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTION [SA17.5086]

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

B. NHS MANAGEMENT LLC

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

450000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.4877**

Amount of Each Receipt this Period

150000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTION [SA17.5088]

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

C. NORCROSS, ROBERT, L., II

Mailing Address 907 WEST PALMYRA LAKE RD

City
PALMYRAState
INZip Code
47164FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESTIGE ADMIN SERVICES LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5163**

Amount of Each Receipt this Period

4900.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HYPER CARE MANAGEMENT LLC
[SA17.48051]**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

300000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. NORTHPORT HOLDING LLC

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.4873**

Amount of Each Receipt this Period

150000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTION [SA17.5083]

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

B. NORTHSHORE HEALTHCARE LLC

Mailing Address 640 VEL R. PHILLIPS AVE

City
MILWAUKEEState
WIZip Code
53203FEC 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 / D D / Y Y Y Y Y
08 / 22 / 2025**Transaction ID : SA17.4812**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

C. ORONA, BRYAN, , ,

Mailing Address 2415 GARDEN SHADOW DRIVE

City
CONROEState
TXZip Code
77384FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HMG SERVICESOccupation (for Individual)
REGIONAL VP OF OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1666.66

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5106**

Amount of Each Receipt this Period

1666.66

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. PARTICIPATION I, LLCMailing Address 1780 HUGHES LANDING
STE 500

City THE WOODLANDS	State TX	Zip Code 77380
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5075

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HMG PARTNER III LLC [SA17:4871]

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

B. PICO, ANA, , ,

Mailing Address 10281 CYPRESS HILLS DR

City FORT WORTH	State TX	Zip Code 76108
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)
CHIEF STRATEGY OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2025

Transaction ID : SA17.5079

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HMG PARTNER III LLC [SA17:4871]

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

C. PITTS, JEFF, , ,

Mailing Address 5734 PITTSVIEW HIGHWAY

City PITTSVIEW	State AL	Zip Code 36871
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2025

Transaction ID : SA17.5097

Amount of Each Receipt this Period

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION - PITTS FAMILY MANAGEMENT LLC
[SA17:49561]**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA17

Transaction ID : SA17.5075

NON-CONTRIBUTION: SEE PARTNERSHIP ATTRIBUTIONS [SA17.5100; SA17:5102; SA17:5104; SA17:5106;
SA17:5108; SA17:5110]

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 122
(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)

MAGA INC.

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

A. PITTS FAMILY MANAGEMENT LLC

Mailing Address 30 WILDWOOD LANE

City
PITTSVIEWState
ALZip Code
36871FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2025**Transaction ID : SA17.4956**

Amount of Each Receipt this Period

1000000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.5097]

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

B. PLANTATION MANAGEMENT CO., LLC

Mailing Address 301 VETERANS BLVD

City
DANHAM SPRINGSState
LAZip Code
70726FEC 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
08 / 26 / 2025**Transaction ID : SA17.4814**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION: TAXED AS A CORPORATION

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

C. PONTCHARTRAIN GUEST HOUSE, INC

Mailing Address 2045 HIGHWAY 59

City
MANDEVILLEState
LAZip Code
70448FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4816**

Amount of Each Receipt this Period

6250.00

☐ Memo Item

NON-CONTRIBUTION

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

1106250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. PONTIE, JOHN, , ,

Mailing Address 7607 FERN AVE STE 202

City
SHREVEPORTState
LAZip Code
71105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ERP HOLDINGS LLCOccupation (for Individual)
DIRECTOR

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 / 21 / 2025**Transaction ID : SA17.5092**

Amount of Each Receipt this Period

100000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: ERP HOLDINGS, LLC [SA17:4881]

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

B. PRICE, TEDDY, , ,

Mailing Address 9258 HWY 84 WEST

City
WINNFIELDState
LAZip Code
71483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTRAL MANAGEMENT COMPANY, LLCOccupation (for Individual)
NURSING FACILITY OPERATOR

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 / 12 / 2025**Transaction ID : SA17.5055**

Amount of Each Receipt this Period

100000.00

☒ Memo ItemNON-CONTRIBUTION: SOLE PROPRIETOR
ATTRIBUTION: CENTRAL MANAGEMENT
COMPANY, LLC [SA17:4857]

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

C. PRINCE, DEREK, , ,

Mailing Address 1009 LAUSANNE AVE.

City
DALLASState
TXZip Code
75208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HMG HEALTHCAREOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13333.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5081**

Amount of Each Receipt this Period

13333.34

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HMG PARTNER III LLC [SA17:4871]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. PRIORITY MANAGEMENT GROUP, LLCMailing Address 3710 RAWLINS ST
STE 1325City
DALLASState
TXZip Code
75219FEC 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
08 / 26 / 2025**Transaction ID : SA17.4855**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5051; SA17:5052; SA17:5053]

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

B. PROGRESSIVE REHAB SOLUTIONS, LLCMailing Address 3710 RAWLINS ST
STE 825City
DALLASState
TXZip Code
75219FEC 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
08 / 26 / 2025**Transaction ID : SA17.4853**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5044; SA17:5046; SA17:5048;
SA17:5050]

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

C. PRUITTHEALTH CORPORATION

Mailing Address 1626 JEURGENS CT BUILDING 100

City
NORCROSSState
GAZip Code
30093FEC 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 ▼

750000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.4818**

Amount of Each Receipt this Period

750000.00

☐ Memo Item

NON-CONTRIBUTION

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

850000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. QP HEALTH CARE SERVICES, LLC

Mailing Address 720 S. COLORADO BLVD

City
GLENDALEState
COZip Code
80246FEC 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 ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2025

Transaction ID : SA17.4869

Amount of Each Receipt this Period

20000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5071; SA17:5073]

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

B. RELIANCE HEALTH CARE INC.

Mailing Address 824 SALEM ROAD

City
CONWAYState
ARZip Code
72034FEC 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 / D D / Y Y Y Y Y
08 / 22 / 2025

Transaction ID : SA17.4820

Amount of Each Receipt this Period

100000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. RIGHTCARE HEALTH SERVICES LLC

Mailing Address 145 N HIGHLAND DRIVE

City
MANYState
LAZip Code
71449FEC 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 / D D / Y Y Y Y Y
08 / 08 / 2025

Transaction ID : SA17.4851

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5040; SA17:5042]

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

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

170000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. RIVERSIDE IMMOVABLES LLC

Mailing Address 2045 HIGHWAY 59

City
MANDEVILLEState
LAZip Code
70448FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : SA17.4861

Amount of Each Receipt this Period

6250.00

☐ Memo ItemNON-CONTRIBUTION: SEE PARTNERSHIP
ATTRIBUTIONS [SA17.5060; SA17:5061]

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

B. ROGERS, STACEY, , ,

Mailing Address 13312 WESTBURY WAY

City
GOSHENState
KYZip Code
40026FEC ID number of contributing
federal political committee.☐ C

Name of Employer (for Individual)

Occupation (for Individual)

PRESTIGE ADMIN SERVICES , LLC

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025

Transaction ID : SA17.5165

Amount of Each Receipt this Period

4000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HYPER CARE MANAGEMENT LLC
[SA17.48051]

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

C. ROSEDALE FAMILY INVESTMENT COMPANY, INC.

Mailing Address 10123 ALLIANCE RD

City
BLUE ASHState
OHZip Code
45242FEC 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 ▼

31160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2025

Transaction ID : SA17.5153

Amount of Each Receipt this Period

31160.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RRW, LLC [SA17.5149]

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

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

6250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. RRW, LLC

Mailing Address 10123 ALLIANCE RD

City
BLUE ASHState
OHZip Code
45242FEC 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 ▼

93480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2025**Transaction ID : SA17.5149**

Amount of Each Receipt this Period

93480.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: HC IN OPS-MGT, LLC [SA17:5145]

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

B. SANDERS, JACK, H, ,

Mailing Address 145 N HIGHLAND DRIVE

City
MANYState
LAZip Code
71449FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)
MANAGER

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 / 08 / 2025**Transaction ID : SA17.5042**

Amount of Each Receipt this Period

25000.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RIGHTCARE HEALTH SERVICES LLC
ISA17 48511

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

C. SCHLAEPFER, WALTER, P, ,Mailing Address 5994 S HOLLY
#255City
GREENWOOD VILLAGEState
COZip Code
80111FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2025**Transaction ID : SA17.4919**

Amount of Each Receipt this Period

2000000.00

☐ Memo Item

NON-CONTRIBUTION

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

2000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. SCHWARZMAN, STEPHEN, A, ,

Mailing Address 345 PARK AVE

City
NEW YORKState
NYZip Code
10154FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BLACKSTONEOccupation (for Individual)
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2025**Transaction ID : SA17.5037**

Amount of Each Receipt this Period

5000000.00

☐ Memo Item
NON-CONTRIBUTION

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

B. SENIOR CARE PHARMACY INC.

Mailing Address 931 FAIRFAX PARK

City
TUSCALOOSAState
ALZip Code
35406FEC 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 ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.4822**

Amount of Each Receipt this Period

150000.00

☐ Memo Item
NON-CONTRIBUTION

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

C. SHG MANAGEMENT LLC

Mailing Address 23700 COMMERCE PLACE

City
BEACHWOODState
OHZip Code
44122FEC 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 ▼

750000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2025**Transaction ID : SA17.4824**

Amount of Each Receipt this Period

750000.00

☐ Memo Item
NON-CONTRIBUTION: TAXED AS CORPORATION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5900000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 48 OF 122
(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)

MAGA INC.

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

A. SIGNATURE HEALTHCARE CONSULTING LLC

Mailing Address 12201 BLUEGRASS PKWY

City
LOUISVILLEState
KYZip Code
40299FEC 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 / 09 / 2025**Transaction ID : SA17.4913**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. SOKOLOV, KONSTANTIN, , ,Mailing Address 7914 HARBOR ISLAND DRIVE
305City
NORTH BAY VILLAGEState
FLZip Code
33141FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

IJS INVESTMENTS LLC

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2025**Transaction ID : SA17.4842**

Amount of Each Receipt this Period

10000000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. SOKOLOV, KONSTANTIN, , ,Mailing Address 7914 HARBOR ISLAND DRIVE
305City
NORTH BAY VILLAGEState
FLZip Code
33141FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

IJS INVESTMENTS LLC

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

11000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2025**Transaction ID : SA17.5004**

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

NON-CONTRIBUTION

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

11050000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. STALLARD, FELICIA, , ,

Mailing Address 79345 ALBERT THOMPSON RD

City
FOLSOMState
LAZip Code
70437FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NOT EMPLOYEDOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4844**

Amount of Each Receipt this Period

33000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. STANBRIDGE, NORMA, , ,

Mailing Address 23 GOLDEN PLACE

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HMG SERVICESOccupation (for Individual)
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5108**

Amount of Each Receipt this Period

1666.67

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]

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

C. THI OF BALTIMORE INC

Mailing Address 920 RIDGEBROOK RD

City

SPARKS

State

MD

Zip Code

21152

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
08 / 20 / 2025**Transaction ID : SA17.4826**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

83000.00

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

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

FOR LINE NUMBER: PAGE 50 OF 122

(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)

MAGA INC.

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

A. TOUCHSTONE COMMUNITIES INC

Mailing Address 250 W NOTTINGHAM DR

City
SAN ANTONIO

State
TX

Zip Code
78209

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 / 26 / 2025

Transaction ID : SA17.4828

Amount of Each Receipt this Period

25000.00

☐ Memo Item

NON-CONTRIBUTION

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

B. TUCKER, MARISOL, F, ,

Mailing Address 13 LAKE FOREST

City
COVINGTON

State
LA

Zip Code
70433

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

TUCKER PROPERTY MANAGEMENT

VP ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 12 / 2025

Transaction ID : SA17.4846

Amount of Each Receipt this Period

50000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. TWIN OAKES NURSING HOME, INC

Mailing Address 2045 HIGHWAY 59

City
MANDEVILLE

State
LA

Zip Code
70448

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 ▼

6250.00

Date of Receipt

08 / 12 / 2025

Transaction ID : SA17.4830

Amount of Each Receipt this Period

6250.00

☐ Memo Item

NON-CONTRIBUTION

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

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

81250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. WEST MONROE GUEST HOUSE, INC

Mailing Address PO BOX 465

City
WEST MONROEState
LAZip Code
71292FEC 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 ▼

6250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4832**

Amount of Each Receipt this Period

6250.00

☐ Memo Item

NON-CONTRIBUTION

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

B. WHITE PEARL FINANCIAL, LLC

Mailing Address 975 ARMOUR CIRCLE

City
LAKE FORESTState
ILZip Code
60045FEC 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
08 / 21 / 2025**Transaction ID : SA17.4867**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemNON-CONTRIBUTION: SEE SOLE PROPRIETOR
ATTRIBUTION [SA17.5069]

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

C. WILHEIM FAMILY INVESTMENT COMPANY, INC.

Mailing Address 10123 ALLIANCE RD

City
BLUE ASHState
OHZip Code
45242FEC 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 ▼

31160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2025**Transaction ID : SA17.5155**

Amount of Each Receipt this Period

31160.00

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: RRW, LLC [SA17.5149]**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 122
(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. WOODLAWN MANOR, INC

Mailing Address PO BOX 3068

City
MONROEState
LAZip Code
71210FEC 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 ▼

6250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 12 / 2025**Transaction ID : SA17.4834**

Amount of Each Receipt this Period

6250.00

☐ Memo Item

NON-CONTRIBUTION

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

B. ZALAMEA, EVELYN, , ,

Mailing Address 16126 MILLERS LANDING

City
HOUSTONState
TXZip Code
77049FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

HMG SERVICES

VP OF REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.67

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2025**Transaction ID : SA17.5110**

Amount of Each Receipt this Period

1666.67

☒ Memo ItemNON-CONTRIBUTION: PARTNERSHIP
ATTRIBUTION: PARTICIPATION I, LLC [SA17:5075]

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

C. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

MILES PER HOUR INC

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2999985.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2025**Transaction ID : SA17.5095**

Amount of Each Receipt this Period

1499985.00

☒ Memo Item

NON-CONTRIBUTION: 1,500,000 USDC [SA17:4942]

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

6250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 122

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12	☒ 17
☐ 13	☐ 14	☐ 15	☐ 16	

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)

MAGA INC.

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

A. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MILES PER HOUR INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4499970.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2025

Transaction ID : SA17.5139

Amount of Each Receipt this Period

1499985.00

☐ Memo ItemNON-CONTRIBUTION: 1,500,000 USDC LIQUIDATED
[SA17:4942]

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

B. ZINN, CRAIG, , ,

Mailing Address 1841 N STATE RD 7

City
HOLLYWOODState
FLZip Code
33021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CRAIG ZINN AUTOMOTIVE GROUPOccupation (for Individual)
OWNER/PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2025

Transaction ID : SA17.4848

Amount of Each Receipt this Period

1000.00

☐ Memo Item

NON-CONTRIBUTION

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

C. ZINN, CRAIG, , ,

Mailing Address 1841 N STATE RD 7

City
HOLLYWOODState
FLZip Code
33021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CRAIG ZINN AUTOMOTIVE GROUPOccupation (for Individual)
OWNER/PRESIDENT

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
08		08		2025

Transaction ID : SA17.4849

Amount of Each Receipt this Period

999000.00

☐ Memo Item

NON-CONTRIBUTION

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

2499985.00

102172330.65

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

PAGE 54 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. ACE SPECIALTIES

Mailing Address PO BOX 80427

City
LAFAYETTEState
LAZip Code
70598

Purpose of Disbursement

NON-CONTRIBUTION: COLLATERAL: APPAREL

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	5		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4961

Amount of Each Disbursement this Period

1292.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AC HOTEL BY MARRIOTT

Mailing Address 600 SOMERSET CORPORATE BLVD

City
BRIDGEWATERState
NJZip Code
08807

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5007]: 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
1	0		/	3	1		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5125

Amount of Each Disbursement this Period

1704.49

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: 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	0		/	0	9		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5120

Amount of Each Disbursement this Period

596.97

☒ Memo Item

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

1292.68

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

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

PAGE 55 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: TRAVEL: AIR

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
10				09				2025					

FEC Identification Number

C**Transaction ID : SB29.5121**

Amount of Each Disbursement this Period

667.88

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5007]: TRAVEL: AIR

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
10				20				2025					

FEC Identification Number

C**Transaction ID : SB29.5127**

Amount of Each Disbursement this Period

680.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE ITEMIZATIONS IF

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
08				04				2025					

FEC Identification Number

C**Transaction ID : SB29.4764**

Amount of Each Disbursement this Period

1547.00

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

1547.00

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

PAGE 56 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

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	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4884

Amount of Each Disbursement this Period

1811.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

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	5		

FEC Identification Number

C

Transaction ID : SB29.4921

Amount of Each Disbursement this Period

36341.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

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	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4962

Amount of Each Disbursement this Period

2509.56

☐ Memo Item

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

40662.21

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

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

PAGE 57 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESSMailing Address 200 VESEY ST
BATTERY PARK CITYCity
NEW YORK CITYState
NYZip Code
10285

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

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	/	0	3		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5007

Amount of Each Disbursement this Period

2414.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: 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
1	0		/	0	9		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5116

Amount of Each Disbursement this Period

39.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: 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
1	0		/	0	9		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5117

Amount of Each Disbursement this Period

29.12

☒ Memo Item

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

2414.57

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

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

PAGE 58 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: TRAVEL:

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
10				09				2025					

FEC Identification Number

C

Transaction ID : SB29.5118

Amount of Each Disbursement this Period

39.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS GLOBAL BUSINESS TRAVEL

Mailing Address 14635 NORTH KIERLAND BLVD

City
SCOTTSDALEState
AZZip Code
85254

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5007]: TRAVEL:

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
10				28				2025					

FEC Identification Number

C

Transaction ID : SB29.5126

Amount of Each Disbursement this Period

29.12

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

NON-CONTRIBUTION: MERCHANT FEE

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
10				30				2025					

FEC Identification Number

C

Transaction ID : SB29.4923

Amount of Each Disbursement this Period

40000.30

☐ Memo Item

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

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

40000.30

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

PAGE 59 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST

City
NEW ORLEANSState
LAZip Code
70112

Purpose of Disbursement

NON-CONTRIBUTION: MERCHANT FEE

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
1	2	3		4	5	6		7	8	9	0	1	2
12 / 18 / 2025													

FEC Identification Number

C**Transaction ID : SB29.5143**

Amount of Each Disbursement this Period

4000.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUDOWICH, TAYLOR, , ,Mailing Address 3303 WATER ST NW
3FCity
WASHINGTONState
DCZip Code
20007

Purpose of Disbursement

NON-CONTRIBUTION: TRAVEL EXPENSES: SEE ITEMIZATIONS IF

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	5			2	0	2	5		
08 / 05 / 2025													

FEC Identification Number

C**Transaction ID : SB29.4785**

Amount of Each Disbursement this Period

258.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE CONSULTING

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	9			2	0	2	5		
07 / 29 / 2025													

FEC Identification Number

C**Transaction ID : SB29.4744**

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)..... ►

14258.30

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

MAGA INC.

Category/
Type

District:

C	
---	--

Memo Item

M M / D D / Y Y Y Y
09 24 2025

Category/
Type

District:

C

10000.00

Memo Item

M M / D D / Y Y Y Y
10 28 2025

Category/
Type

District:

C

10000.00

Memo Item

30000.00

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

PAGE 61 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE 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
1	1	1		2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4963

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLDOG COMPLIANCE

Mailing Address 138 CONANT ST STE 401

City
BEVERLYState
MAZip Code
01915

Purpose of Disbursement

NON-CONTRIBUTION: COMPLIANCE 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
1	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5008

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4745

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).....▶

20025.00

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

PAGE 62 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	7			0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4746

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	7			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4751

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	7			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4747

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)..... ►

91.67

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

PAGE 63 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4748

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4749

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4750

Amount of Each Disbursement this Period

20.00

☐ Memo Item

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

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

70.00

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

PAGE 64 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4766

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	8			1	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4767

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4768

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	8			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4769

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	8			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4770

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	8			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4771

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4773

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4772

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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	9			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4886

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)..... ►

91.67

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

PAGE 67 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4892

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4887

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4888

Amount of Each Disbursement this Period

25.00

☐ Memo Item

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

91.67

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

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

PAGE 68 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4889

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4890

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
0	9			2	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4891

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	0			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4925

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	0			0	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4926

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	0			2	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4929

Amount of Each Disbursement this Period

41.67

☐ Memo Item

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

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

91.67

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

PAGE 70 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
10				24				2025					

FEC Identification Number

C

Transaction ID : SB29.4927

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
10				28				2025					

FEC Identification Number

C

Transaction ID : SB29.4928

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
11				04				2025					

FEC Identification Number

C

Transaction ID : SB29.4964

Amount of Each Disbursement this Period

25.00

☐ Memo Item

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

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

75.00

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

PAGE 71 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
11				05				2025					

FEC Identification Number

C**Transaction ID : SB29.4965**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
11				05				2025					

FEC Identification Number

C**Transaction ID : SB29.4966**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
11				12				2025					

FEC Identification Number

C**Transaction ID : SB29.4971**

Amount of Each Disbursement this Period

12.00

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

62.00

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

PAGE 72 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4967**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4968**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4969**

Amount of Each Disbursement this Period

2.50

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4970**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4972**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4973**

Amount of Each Disbursement this Period

25.00

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

75.00

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

PAGE 74 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4974**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4975**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: BANK FEE

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
1	1	1		2	0			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4976**

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 75 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4977

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4978

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4979

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4980

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4981

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4982

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4983

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4985

Amount of Each Disbursement this Period

41.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4984

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)..... ►

91.67

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)

PAGE 78 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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 / 2025

FEC Identification Number

C

Transaction ID : SB29.5009

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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 / 17 / 2025

FEC Identification Number

C

Transaction ID : SB29.5010

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEAN

State
VA

Zip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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 / 2025

FEC Identification Number

C

Transaction ID : SB29.5011

Amount of Each Disbursement this Period

25.00

☐ Memo Item

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

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

75.00

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

PAGE 79 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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		1	9	0		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.5012**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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		1	9	0		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.5013**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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		1	9	0		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.5015**

Amount of Each Disbursement this Period

41.67

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

91.67

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

PAGE 80 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CHAIN BRIDGE BANK N.A.

Mailing Address 1445A LAUGHLIN AVE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: 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	/	Y	Y	Y	Y	Y	Y
1	2			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5014

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHO, JUDITH, , ,

Mailing Address 1713 FOREST LANE

City
MCLEANState
VAZip Code
22101

Purpose of Disbursement

NON-CONTRIBUTION: EVENT ENTERTAINMENT: MUSIC

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	/	Y	Y	Y	Y	Y	Y
1	2			1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5022

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLANCY, JULIA, , ,Mailing Address 200 N PICKETT ST
APT 314City
ARLINGTONState
VAZip Code
22304

Purpose of Disbursement

NON-CONTRIBUTION: EVENT ENTERTAINMENT: MUSIC

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	/	Y	Y	Y	Y	Y	Y
1	2			1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5024

Amount of Each Disbursement this Period

950.00

☐ Memo Item

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

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

1925.00

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

PAGE 81 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT 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			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4752

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT 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	8			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4774

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT 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	9			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4893

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

PAGE 82 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4987

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONYERS, ERIK, , ,Mailing Address 1221 S EADS STREET
APT 1511City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: EVENT MANAGEMENT CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.5016

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELAWARE CORP & TAXMailing Address 401 FEDERAL ST
STE 4City
DOVERState
DEZip Code
19901

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4884]: CORPORATE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		/	1	6	/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5114

Amount of Each Disbursement this Period

215.00

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

5000.00

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

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

PAGE 83 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF THE AIR FORCEMailing Address EEOB ROOM 25
1600 PENNSYLVANIACity
WASHINGTONState
DCZip Code
20502

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: TRAVEL: AIR

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	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.5129

Amount of Each Disbursement this Period

579.28

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DEPARTMENT OF THE AIR FORCEMailing Address EEOB ROOM 25
1600 PENNSYLVANIACity
WASHINGTONState
DCZip Code
20502

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: TRAVEL: AIR

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	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.5130

Amount of Each Disbursement this Period

24403.02

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EVENT STRATEGIES, INC.Mailing Address 510 KING ST
STE 315City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: PRINTING EXPENSE: EVENT CREDENTIALS

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	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Transaction ID : SB29.4988

Amount of Each Disbursement this Period

611.77

☐ Memo Item

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

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

611.77

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

PAGE 84 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL 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			2	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4753**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL 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	8			2	0			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4775**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL 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	9			2	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4894**

Amount of Each Disbursement this Period

10025.00

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

30025.00

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

PAGE 85 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FIRST STREET PLLCMailing Address 625 N. WASHINGTON STREET
STE 325City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

NON-CONTRIBUTION: LEGAL 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	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4930

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4754

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4776

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

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

PAGE 86 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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	9			2	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4895**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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
1	0			2	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4931**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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
1	1			1	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29.4989**

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

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

PAGE 87 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. FORWARD STRATEGIES

Mailing Address 7222 ANHINGA FARMS ROAD

City
TALLAHASSEEState
FLZip Code
32309

Purpose of Disbursement

NON-CONTRIBUTION: FUNDRAISING 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	/	Y	Y	Y	Y	Y	Y
1	2	3	/	1	9	/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5017

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FROST FLORIDAMailing Address 701 BOUTWELL RD
STE A-5City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

NON-CONTRIBUTION: EVENT STAGING EXPENSE

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	/	Y	Y	Y	Y	Y	Y
0	9		/	2	9	/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4896

Amount of Each Disbursement this Period

7717.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FROST FLORIDAMailing Address 701 BOUTWELL RD
STE A-5City
LAKE WORTHState
FLZip Code
33461

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: AUDIO VISUAL EQUIPMENT

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	/	Y	Y	Y	Y	Y	Y
1	1		/	0	5	/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4990

Amount of Each Disbursement this Period

7547.18

☐ Memo Item

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

25264.98

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

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

PAGE 88 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. GEMINI TRUST COMPANY, LLC

Mailing Address 600 3RD AVENUE, 2ND FLOOR

City
NEW YORKState
NYZip Code
10016

Purpose of Disbursement

NON-CONTRIBUTION: EXCHANGE FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB29.4933

Amount of Each Disbursement this Period

45085.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOR, SERGIO, , ,

Mailing Address 1101 SINGER DR.

City
SINGER ISLANDState
FLZip Code
33404

Purpose of Disbursement

NON-CONTRIBUTION: TRAVEL EXPENSES: SEE ITEMIZATIONS IF

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4781

Amount of Each Disbursement this Period

258.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: TRAVEL:

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.5137

Amount of Each Disbursement this Period

3024.02

☒ Memo Item

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

45343.22

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

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

PAGE 89 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5138

Amount of Each Disbursement this Period

5552.08

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5132

Amount of Each Disbursement this Period

472.19

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5133

Amount of Each Disbursement this Period

500.98

☒ 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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5134

Amount of Each Disbursement this Period

512.39

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5135

Amount of Each Disbursement this Period

604.15

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HERTZ CAR RENTAL

Mailing Address 5601 NORTHWEST EXPRESSWAY

City
OKLAHOMA CITYState
OKZip Code
73132

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4921]: 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	9			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5136

Amount of Each Disbursement this Period

693.54

☒ Memo Item

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

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

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)

PAGE 91 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. HILTON WEST PALM BEACH

Mailing Address 600 OKEECHOBEE BLVD

City
WEST PALM BEACH

State
FL

Zip Code
33401

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4884]: TRAVEL:

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 / 30 / 2025

FEC Identification Number

C

Transaction ID : SB29.5115

Amount of Each Disbursement this Period

1596.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LANSDALE LLC

Mailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300

City
KANSAS CITY

State
MO

Zip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
07 / 29 / 2025

FEC Identification Number

C

Transaction ID : SB29.4755

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LANSDALE LLC

Mailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300

City
KANSAS CITY

State
MO

Zip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
09 / 24 / 2025

FEC Identification Number

C

Transaction ID : SB29.4899

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)..... ►

20000.00

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)

PAGE 92 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. LANSDALE LLC

Mailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300

City
KANSAS CITY

State
MO

Zip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
09 / 26 / 2025

FEC Identification Number

C

Transaction ID : SB29.4900

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LANSDALE LLC

Mailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300

City
KANSAS CITY

State
MO

Zip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
10 / 28 / 2025

FEC Identification Number

C

Transaction ID : SB29.4935

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LANSDALE LLC

Mailing Address 7509 NW TIFFANY SPRINGS PKWY
STE 300

City
KANSAS CITY

State
MO

Zip Code
64153

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
11 / 24 / 2025

FEC Identification Number

C

Transaction ID : SB29.4992

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

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)

PAGE 93 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: CATERING SERVICES

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 / 2025

FEC Identification Number

C

Transaction ID : SB29.4756

Amount of Each Disbursement this Period

2062.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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
08 / 19 / 2025

FEC Identification Number

C

Transaction ID : SB29.4777

Amount of Each Disbursement this Period

11521.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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 / 17 / 2025

FEC Identification Number

C

Transaction ID : SB29.4901

Amount of Each Disbursement this Period

14573.40

☐ Memo Item

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

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

28157.48

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)

PAGE 94 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL DEPOSIT

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 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB29.4936

Amount of Each Disbursement this Period

5416.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAR-A-LAGO CLUB, LLC

Mailing Address 1100 S OCEAN BLVD

City
PALM BEACH

State
FL

Zip Code
33480

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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 / 17 / 2025

FEC Identification Number

C

Transaction ID : SB29.4993

Amount of Each Disbursement this Period

2486.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCCUBBIN, J., AUSTIN, ,

Mailing Address 3535 S BALL ST
APT 406

City
ARLINGTON

State
VA

Zip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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 Y
09 / 24 / 2025

FEC Identification Number

C

Transaction ID : SB29.4898

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

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

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

22903.02

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

PAGE 95 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MCCUBBIN, J., AUSTIN, ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2025				

FEC Identification Number

C

Transaction ID : SB29.4934

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCCUBBIN, J., AUSTIN, ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11				26				2025				

FEC Identification Number

C

Transaction ID : SB29.4991

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCCUBBIN, J., AUSTIN, ,Mailing Address 3535 S BALL ST
APT 406City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12				19				2025				

FEC Identification Number

C

Transaction ID : SB29.5020

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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	/	Y	Y	Y	Y	Y	Y
0	8			1	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4778

Amount of Each Disbursement this Period

2639.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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	/	Y	Y	Y	Y	Y	Y
1	0			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4937

Amount of Each Disbursement this Period

1855.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL HOPKINS PHOTOGRAPHY

Mailing Address 783 SW 119TH WAY

City
DAVIEState
FLZip Code
33325

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: PHOTOGRAPHY SERVICES

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	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4994

Amount of Each Disbursement this Period

1855.00

☐ Memo Item

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

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

6349.16

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

PAGE 97 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. PARSAMIAN, HRANT, , ,Mailing Address 1200 N ROLFE ST.
APT 206City
ARLINGTONState
VAZip Code
22209

Purpose of Disbursement

NON-CONTRIBUTION: EVENT ENTERTAINMENT: MUSIC

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	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
							2025					

FEC Identification Number

C

Transaction ID : SB29.5019

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH 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	/	Y	Y	Y	Y	Y	Y
0	7			1	2		3	4	5	6	7	
							2025					

FEC Identification Number

C

Transaction ID : SB29.4757

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH 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	/	Y	Y	Y	Y	Y	Y
0	8			1	2		3	4	5	6	7	
							2025					

FEC Identification Number

C

Transaction ID : SB29.4779

Amount of Each Disbursement this Period

5000.00

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

10950.00

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

PAGE 98 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH 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	/	Y	Y	Y	Y	Y	Y
0	9			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4902

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH 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	/	Y	Y	Y	Y	Y	Y
1	0			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4938

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERCIPIENT STRATEGIES LLCMailing Address 80 M STREET, SE
FLR 1City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: RESEARCH 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	/	Y	Y	Y	Y	Y	Y
1	1			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4995

Amount of Each Disbursement this Period

9400.00

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

19400.00

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)

PAGE 99 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. PERCIPIENT STRATEGIES LLC

Mailing Address 80 M STREET, SE
FLR 1

City
WASHINGTON

State
DC

Zip Code
20003

Purpose of Disbursement

NON-CONTRIBUTION: 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 Y Y
12 / 19 / 2025

FEC Identification Number

C

Transaction ID : SB29.5025

Amount of Each Disbursement this Period

5000.00

☐ 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

NON-CONTRIBUTION: COMMUNICATIONS 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 Y
10 / 08 / 2025

FEC Identification Number

C

Transaction ID : SB29.4940

Amount of Each Disbursement this Period

2000.00

☐ 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

NON-CONTRIBUTION: COMMUNICATIONS 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 Y
11 / 04 / 2025

FEC Identification Number

C

Transaction ID : SB29.4996

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

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

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

14500.00

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)

PAGE 100 OF 122

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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)

MAGA 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
NON-CONTRIBUTION: 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 Y Y
12 / 19 / 2025

FEC Identification Number

C

Transaction ID : SB29.5026

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROKTIC SOLUTIONS LLC

Mailing Address 16900 SW 274TH ST

City
HOMESTEAD

State
FL

Zip Code
33031

Purpose of Disbursement
NON-CONTRIBUTION: PHOTOGRAPHY SERVICES

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 Y Y
09 / 05 / 2025

FEC Identification Number

C

Transaction ID : SB29.4904

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SIGNATURE HEALTHCARE CONSULTING SERVICES, LLC

Mailing Address 12201 BLUEGRASS PARKWAY

City
LOUISVILLE

State
KY

Zip Code
40209

Purpose of Disbursement
NON-CONTRIBUTION: 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 Y Y
12 / 18 / 2025

FEC Identification Number

C

Transaction ID : SB29.5028

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

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

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

58300.00

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

PAGE 101 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. SMITH, ALLISON, , ,Mailing Address 1301 N TROY ST
APT 711City
ARLINGTONState
VAZip Code
22201

Purpose of Disbursement

NON-CONTRIBUTION: EVENT ENTERTAINMENT: MUSIC

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	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5		6	7	8	9	0	
12 / 10 / 2025												

FEC Identification Number

C

Transaction ID : SB29.5006

Amount of Each Disbursement this Period

950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address PO BOX 36611

City
DALLASState
TXZip Code
75235

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4962]: 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	/	Y	Y	Y	Y	Y	Y
1	0	0		1	0		2	0	2	5		
10 / 09 / 2025												

FEC Identification Number

C

Transaction ID : SB29.5123

Amount of Each Disbursement this Period

1137.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. THE BELGROVE WEST PALM BEACH

Mailing Address 2020 BANYAN RESORT WAY

City
WEST PALM BEACHState
FLZip Code
33401

Purpose of Disbursement

NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.4764]: 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	/	Y	Y	Y	Y	Y	Y
0	6			1	7		2	0	2	5		
06 / 17 / 2025												

FEC Identification Number

C

Transaction ID : SB29.5112

Amount of Each Disbursement this Period

1547.00

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

950.00

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

PAGE 102 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. THUMOS STRATEGY

Mailing Address 8009 66TH ST

City
PARADISE VALLEYState
AZZip Code
85253

Purpose of Disbursement

NON CONTRIBUTION: STRATEGIC POLITICAL 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	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4758

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THUMOS STRATEGY

Mailing Address 8009 66TH ST

City
PARADISE VALLEYState
AZZip Code
85253

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4786

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THUMOS STRATEGY

Mailing Address 8009 66TH ST

City
PARADISE VALLEYState
AZZip Code
85253

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL 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	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB29.4905

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. THUMOS STRATEGY

Mailing Address 8009 66TH ST

City
PARADISE VALLEYState
AZZip Code
85253

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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	/	Y	Y	Y	Y	Y	Y
1	1	1		2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4997

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUMP INTERNATIONAL GOLF CLUB

Mailing Address 3505 SUMMIT BLVD

City
WEST PALM BEACHState
FLZip Code
33406

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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	/	Y	Y	Y	Y	Y	Y
0	8			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4788

Amount of Each Disbursement this Period

4466.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUMP NATIONAL GOLF CLUB- WASHINGTON DC

Mailing Address 20391 LOWES ISLAND BLVD

City
POTOMAC FALLSState
VAZip Code
20165

Purpose of Disbursement

NON-CONTRIBUTION: EVENT EXPENSE: FACILITIES RENTAL AND

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	/	Y	Y	Y	Y	Y	Y
0	7			0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4759

Amount of Each Disbursement this Period

16102.99

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

45569.60

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

PAGE 104 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4760

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4789

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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	9			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4906

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

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

15000.00

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

PAGE 105 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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
1	0			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4941

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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
1	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.4998

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VECTORGOP LLCMailing Address 30 N GOULD ST
STE RCity
SHERIDANState
WYZip Code
82801

Purpose of Disbursement

NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING

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
1	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5029

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 122

☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 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)

MAGA INC.

Full Name (Last, First, Middle Initial)

A. ZIMMERMAN, CHASE, , ,

Mailing Address 2352 QUEEN PALM ROAD

City
BOCA RATONState
FLZip Code
33432

Purpose of Disbursement

NON-CONTRIBUTION: 1,500,000 USDC RECEIVED, LIQUIDATED

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
1	0			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29.5140

Amount of Each Disbursement this Period

1499985.00

☐ 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:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

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).....▶

1499985.00

2166843.81

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 122
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.				FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 19 / 2025		
Mailing Address PO BOX 1309			Amount 21450.00		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4685		
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 17 / 2025		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		282814.68		Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 19 / 2025		
Mailing Address PO BOX 1309			Amount 401372.21		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4687		
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 17 / 2025		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		684186.89		Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			422822.21		
(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 GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y 01 / 02 / 2026		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
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 DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address PO BOX 1309			Amount 80000.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4688 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 764186.89			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address PO BOX 1309			Amount 43550.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4689 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure PLACED MEDIA: RADIO AD		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 807736.89			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			123550.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GANTT, CHARLES, , ,</u>			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
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 DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address PO BOX 1309			Amount 197690.79	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4690 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1005427.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address PO BOX 1309			Amount 227535.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4713 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 20 / 2025	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1263132.39			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			425225.79	
(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 GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y				
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 25 / 2025	
Mailing Address PO BOX 1309			Amount 40035.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4729 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 21 / 2025	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1307752.20			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DEL RAY MEDIA LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 26 / 2025	
Mailing Address PO BOX 1309			Amount 200035.00	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.4732 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 25 / 2025	
Purpose of Expenditure PLACED MEDIA: TV AND CONNECTED TV		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1597175.08			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			240070.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
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 DESIGNATED MARKET MEDIA ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 8588 RICHMOND HIGHWAY STE 90546			Amount 4690.00	
City ALEXANDRIA	State VA	Zip Code 22309	Transaction ID : SE.4691 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Purpose of Expenditure PRODUCTION COST: DIGITAL AD		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,			☒ Support Office Sought: ☒ House District: 07 ☐ Oppose ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1010117.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DESIGNATED MARKET MEDIA ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 8588 RICHMOND HIGHWAY STE 90546			Amount 825.00	
City ALEXANDRIA	State VA	Zip Code 22309	Transaction ID : SE.4693 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Purpose of Expenditure PRODUCTION COST: RADIO AD		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,			☒ Support Office Sought: ☒ House District: 07 ☐ Oppose ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1010942.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			5515.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GANTT, CHARLES, , ,</u>			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y				
Full Name of Payee DESIGNATED MARKET MEDIA ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 8588 RICHMOND HIGHWAY STE 90546			Amount 2310.00	
City ALEXANDRIA	State VA	Zip Code 22309	Transaction ID : SE.4694 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 19 / 2025	
Purpose of Expenditure PRODUCTION COST: DIGITAL AD		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1013252.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee DESIGNATED MARKET MEDIA ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 8588 RICHMOND HIGHWAY STE 90546			Amount 1675.00	
City ALEXANDRIA	State VA	Zip Code 22309	Transaction ID : SE.4695 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 19 / 2025	
Purpose of Expenditure PRODUCTION COST: RADIO AD		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1014927.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			3985.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>GANTT, CHARLES, , ,</u>			Date M M / D D / Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471		
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 DESIGNATED MARKET MEDIA ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025		
Mailing Address 8588 RICHMOND HIGHWAY STE 90546			Amount 13000.00		
City ALEXANDRIA	State VA	Zip Code 22309	Transaction ID : SE.4696 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2025		
Purpose of Expenditure PRODUCTION COST: TV AD		Category/ Type			
Name of Federal Candidate: BEHN, AFTYN, , , ☐ Support ☒ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 1027927.68			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 15 / 2025		
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 88357.95		
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 2025		
Purpose of Expenditure VOTER PHONE CALLS: GOTV		Category/ Type			
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought 103893.30			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
(a) SUBTOTAL of Itemized Independent Expenditures			101357.95		
(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 GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
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 ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 15 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 5471.38	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4670 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 2025	
Purpose of Expenditure TEXT MESSAGES		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		109364.68 Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 2340.40	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4708 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2025	
Purpose of Expenditure VOTER PHONE CALLS: GOTV		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		1030268.08 Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
(a) SUBTOTAL of Itemized Independent Expenditures			7811.78	
(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 GANTT, CHARLES, , ,		Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.				FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item				Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848				Amount 5329.31	
City TAMPA		State FL		Zip Code 33606	
Purpose of Expenditure TEXT MESSAGES: GOTV				Category/ Type	
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , , ☒ Support ☐ Oppose				Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1035597.39				Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item				Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848				Amount 2292.41	
City TAMPA		State FL		Zip Code 33606	
Purpose of Expenditure TEXT MESSAGES: GOTV				Category/ Type	
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , , ☒ Support ☐ Oppose				Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1265424.80				Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures 7621.72 (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 <u>GANTT, CHARLES, , ,</u>				Date M M M / D D D / Y Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 116 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
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 ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 2292.40	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4716 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2025	
Purpose of Expenditure TEXT MESSAGES: GOTV		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		1267717.20 Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 24 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 77008.30	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4722 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 24 / 2025	
Purpose of Expenditure VOTER PHONE CALLS: GOTV		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		1384760.50 Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General		
(a) SUBTOTAL of Itemized Independent Expenditures			79300.70	
(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.				
Signature GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.				FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on				M M / D D / Y Y Y Y Y	
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC			☐ Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 24 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			City TAMPA	State FL	Zip Code 33606
Purpose of Expenditure TEXT MESSAGES: GOTV					
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought			1390950.29	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC			☐ Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 24 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			City TAMPA	State FL	Zip Code 33606
Purpose of Expenditure TEXT MESSAGES: GOTV					
Name of Federal Candidate: BEHN, AFTYN, , ,			☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought			1397140.08	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures 12379.58 (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.					
Signature <u>GANTT, CHARLES, , ,</u>				Date M M / D D / Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y				
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 29 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 1750.68	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4734 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 28 / 2025	
Purpose of Expenditure TEXT MESSAGES			Category/ Type	
Name of Federal Candidate: BEHN, AFTYN, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1598925.76			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 29 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848			Amount 11942.76	
City TAMPA	State FL	Zip Code 33606	Transaction ID : SE.4735 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 28 / 2025	
Purpose of Expenditure TEXT MESSAGES			Category/ Type	
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,			☒ Support ☐ Oppose Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1610868.52			Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			13693.44	
(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.				
Signature <u>GANTT, CHARLES, , ,</u>			Date M M / D D / Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.				FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y					
Full Name of Payee ELECTORAL COMMUNICATIONS GROUP, LLC ☐ Memo Item				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 29 / 2025	
Mailing Address 701 S HOWARD AVE STE 106-848				Amount 68018.67	
City TAMPA		State FL	Zip Code 33606	Transaction ID : SE.4739 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 28 / 2025	
Purpose of Expenditure VOTER PHONE CALLS: GOTV Category/Type					
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , , ☒ Support ☐ Oppose				Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 1678887.19				Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee FUNDAMENTAL DIGITAL STRATEGY LLC ☐ Memo Item				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 18 / 2025	
Mailing Address 8401 MARYLAND DR #5488				Amount 115600.00	
City RICHMOND		State VA	Zip Code 23294	Transaction ID : SE.4673 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure DIGITAL ADVERTISING Category/Type					
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , , ☒ Support ☐ Oppose				Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought 224964.68				Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures 183618.67 (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.					
Signature <u>GANTT, CHARLES, , ,</u>				Date M M / D D / Y Y Y Y Y 01 / 02 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471	
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y				
Full Name of Payee FUNDAMENTAL DIGITAL STRATEGY LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 18 / 2025	
Mailing Address 8401 MARYLAND DR #5488			Amount 6000.00	
City RICHMOND	State VA	Zip Code 23294	Transaction ID : SE.4675 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure PRODUCTION COST: DIGITAL ADS		Category/ Type		
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		230964.68	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
Full Name of Payee FUNDAMENTAL DIGITAL STRATEGY LLC ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 18 / 2025	
Mailing Address 8401 MARYLAND DR #5488			Amount 28900.00	
City RICHMOND	State VA	Zip Code 23294	Transaction ID : SE.4676 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 17 / 2025	
Purpose of Expenditure DIGITAL ADVERTISING		Category/ Type		
Name of Federal Candidate: BEHN, AFTYN, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		259864.68	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General	
(a) SUBTOTAL of Itemized Independent Expenditures			34900.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GANTT, CHARLES, , ,		Date M M / D D / Y Y Y Y Y 01 / 02 / 2026		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 122
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MAGA INC.			FEC IDENTIFICATION NUMBER ▼ C C00892471										
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 MASS MARKETS ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 01 / 2025										
Mailing Address 2937 SIERRA CT SW			Amount 11473.80										
City IOWA CITY	State IA	Zip Code 52240	Transaction ID : SE.4742 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 01 / 2025										
Purpose of Expenditure VOTER PHONE CALLS: GOTV		Category/ Type											
Name of Federal Candidate: VAN EPPS, MATTHEW ROBERT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: TN										
Calendar Year-To-Date Per Election for Office Sought		1690360.99	Disbursement For: ☐ Primary ☐ General 2025 ☒ Other (specify) ▶ Special-General										
Full Name of Payee ☐ Memo Item			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) ▶ _____										
<table style="width:100%;"><tr><td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td><td style="width:5%; text-align: center;">▶</td><td style="width:35%;"> 11473.80 </td></tr><tr><td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td><td style="text-align: center;">▶</td><td> </td></tr><tr><td>(c) TOTAL Independent Expenditures</td><td style="text-align: center;">▶</td><td> 1690360.99 </td></tr></table>					(a) SUBTOTAL of Itemized Independent Expenditures	▶	11473.80	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶		(c) TOTAL Independent Expenditures	▶	1690360.99
(a) SUBTOTAL of Itemized Independent Expenditures	▶	11473.80											
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶												
(c) TOTAL Independent Expenditures	▶	1690360.99											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.													
Signature GANTT, CHARLES, , ,			Date M M / D D / Y Y Y Y Y Y 01 / 02 / 2026										