

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
100 CUMMINGS CENTER STE 306-P
BEVERLY MA 01915
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00892471
3. IS THIS REPORT NEW OR AMENDED
[X] (N) [] (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)
[X] 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 / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2026 through 02 / 28 / 2026

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 03 / 20 / 2026

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

MAGA INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		304395525.76
(b) Cash on Hand at Beginning of Reporting Period.....	310894261.17	
(c) Total Receipts (from Line 19)	1523742.12	8100538.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	312418003.29	312496064.04
7. Total Disbursements (from Line 31).....	132432.58	210493.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	312285570.71	312285570.71
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

Write or Type Committee Name

MAGA INC.

Report Covering the Period: From: MM / DD / YYYY 02 / 01 / 2026 To: MM / DD / YYYY 02 / 28 / 2026

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.).....	1523742.12	8100538.28
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)).....▶	1523742.12	8100538.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1523742.12	8100538.28

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	132432.58	210493.33
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)) ..	132432.58	210493.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132432.58	210493.33

DETAILED SUMMARY PAGE
of Disbursements

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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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
MAGA INC.

A. HEALTHEQUITY TRUST COMPANY
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 W. SCENIC POINTE DR., STE. 100
 City DRAPER State UT Zip Code 84020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2026
Transaction ID : SA17.5221
 Amount of Each Receipt this Period
 1000000.00
 Memo Item
NON-CONTRIBUTION

B. JP MORGAN CHASE BANK, N.A.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 270 PARK AVENUE
 City NEW YORK State NY Zip Code 10017
 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 ▼
 1100413.28

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2026
Transaction ID : SA17.5222
 Amount of Each Receipt this Period
 523692.12
 Memo Item
NON-CONTRIBUTION: INTEREST

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1523692.12
TOTAL This Period (last page this line number only).....	1523692.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST
BATTERY PARK CITY

City NEW YORK CITY State NY Zip Code 10285

Purpose of Disbursement
NON-CONTRIBUTION: CREDIT CARD PAYMENT: SEE MEMO ENTRIES

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	2			0	3			2	0	2	6		

FEC Identification Number

C []

Transaction ID : SB29.5225

Amount of Each Disbursement this Period

[] 42547.84

Memo Item

Full Name (Last, First, Middle Initial)

B. BROWN AND JOSEPH LLC

Mailing Address ONE PIERCE PLACE SUITE 700W

City ITASCA State IL Zip Code 60143

Purpose of Disbursement
NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5225]: INSURANCE

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	1			1	2			2	0	2	6		

FEC Identification Number

C []

Transaction ID : SB29.5248

Amount of Each Disbursement this Period

[] 982.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BULLDOG COMPLIANCE

Mailing Address 100 CUMMINGS CENTER STE 306-P

City BEVERLY State MA Zip 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	2			2	6			2	0	2	6		

FEC Identification Number

C []

Transaction ID : SB29.5226

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)..... ▶

[] 52547.84

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

A. CHAIN BRIDGE BANK N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C
Transaction ID : SB29.5227

Amount of Each Disbursement this Period: 25.00

Memo Item

B. CHAIN BRIDGE BANK N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 06 / 2026

FEC Identification Number: C
Transaction ID : SB29.5228

Amount of Each Disbursement this Period: 25.00

Memo Item

C. CHAIN BRIDGE BANK N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1445A LAUGHLIN AVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
NON-CONTRIBUTION: BANK FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 13 / 2026

FEC Identification Number: C
Transaction ID : SB29.5229

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 75.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK N.A.			Date of Disbursement MM / DD / YYYY 02 / 26 / 2026	
Mailing Address 1445A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [] Transaction ID : SB29.5233	
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE			Amount of Each Disbursement this Period [] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK N.A.			Date of Disbursement MM / DD / YYYY 02 / 26 / 2026	
Mailing Address 1445A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [] Transaction ID : SB29.5234	
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE			Amount of Each Disbursement this Period [] 41.67	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK N.A.			Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 1445A LAUGHLIN AVE				
City MCLEAN	State VA	Zip Code 22101	FEC Identification Number C [] Transaction ID : SB29.5235	
Purpose of Disbursement NON-CONTRIBUTION: BANK FEE			Amount of Each Disbursement this Period [] 25.00	
Candidate Name			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	[] 91.67
TOTAL This Period (last page this line number only).....▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

Full Name (Last, First, Middle Initial) A. CONYERS, ERIK, , ,		Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address 1221 S EADS STREET APT 1511		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22202
Purpose of Disbursement NON CONTRIBUTION: EVENT MANAGEMENT CONSULTING		Transaction ID : SB29.5242
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DEPARTMENT OF THE AIR FORCE		Date of Disbursement MM / DD / YYYY 12 / 31 / 2025
Mailing Address EEOB ROOM 25 1600 PENNSYLVANIA		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20502
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5225]: TRAVEL: AIR		Transaction ID : SB29.5246
Candidate Name		Amount of Each Disbursement this Period 18840.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DEPARTMENT OF THE AIR FORCE		Date of Disbursement MM / DD / YYYY 01 / 04 / 2026
Mailing Address EEOB ROOM 25 1600 PENNSYLVANIA		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20502
Purpose of Disbursement NON-CONTRIBUTION: CREDIT CARD PMT [SB21B.5225]: TRAVEL: AIR		Transaction ID : SB29.5247
Candidate Name		Amount of Each Disbursement this Period 22725.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

Full Name (Last, First, Middle Initial) A. FIRST STREET PLLC		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026
Mailing Address 625 N. WASHINGTON STREET STE 325		FEC Identification Number C [REDACTED] Transaction ID : SB29.5245
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement NON-CONTRIBUTION: LEGAL CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FORWARD STRATEGIES		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 7222 ANHINGA FARMS ROAD		FEC Identification Number C [REDACTED] Transaction ID : SB29.5236
City TALLAHASSEE	State FL	Zip Code 32309
Purpose of Disbursement NON-CONTRIBUTION: FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. FROST FLORIDA		Date of Disbursement MM / DD / YYYY 02 / 05 / 2026
Mailing Address 701 BOUTWELL RD STE A-5		FEC Identification Number C [REDACTED] Transaction ID : SB29.5243
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL		Amount of Each Disbursement this Period 7477.16
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	27477.16
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MAGA INC.

Full Name (Last, First, Middle Initial) A. FROST FLORIDA		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026
Mailing Address 701 BOUTWELL RD STE A-5		FEC Identification Number C [] Transaction ID : SB29.5244
City LAKE WORTH	State FL	Zip Code 33461
Purpose of Disbursement NON-CONTRIBUTION: EVENT EXPENSE: STAGING, AUDIO/VISUAL		Amount of Each Disbursement this Period [] 7477.16
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LANSDALE LLC		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 7509 NW TIFFANY SPRINGS PKWY STE 300		FEC Identification Number C [] Transaction ID : SB29.5240
City KANSAS CITY	State MO	Zip Code 64153
Purpose of Disbursement NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LANSDALE LLC		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 7509 NW TIFFANY SPRINGS PKWY STE 300		FEC Identification Number C [] Transaction ID : SB29.5241
City KANSAS CITY	State MO	Zip Code 64153
Purpose of Disbursement NON-CONTRIBUTION: STRATEGIC POLITICAL CONSULTING		Amount of Each Disbursement this Period [] 10000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 27477.16
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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 AND

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	6

FEC Identification Number

C [Redacted]

Transaction ID : SB29.5239

Amount of Each Disbursement this Period

[Redacted] 7188.75

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	6

FEC Identification Number

C [Redacted]

Transaction ID : SB29.5237

Amount of Each Disbursement this Period

[Redacted] 7500.00

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

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	6

FEC Identification Number

C [Redacted]

Transaction ID : SB29.5238

Amount of Each Disbursement this Period

[Redacted] 7500.00

Memo Item

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

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

[Redacted] 22188.75

[Redacted] 132432.58