Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MAKE AMERICA GREAT AGAIN INC. C/O BULLDOG COMPLIANCE ADDRESS (number and street) 138 CONANT STREET STE 401 (Check if address is changed) **BEVERLY** 01915 MA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS CLIENT@BULLDOGCOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.MAGAPAC.COM (Check if address is changed) DATE 18 2023 C00825851 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. GANTT, CHARLES, , , Type or Print Name of Treasurer GANTT, CHARLES, , , [Electronically Filed] 04 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

| FEC Form 1 (Revised 03/2022) | Page 2 | | |
|--|--|--|--|
| TYPE OF COMMITTEE: | | | |
| Candidate Committee: | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate information | ation below.) | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.) | nittee. (Complete the candidate | | |
| Name of Candidate | | | |
| Candidate Office Party Affiliation Sought: House Senate | State President District | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized co | ommittee. | | |
| Name of Candidate | | | |
| Party Committee: | | | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party | | |
| Political Action Committee (PAC): | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization on li | ine 6.) Its connected organization is a: | | |
| Corporation Corporation w/o Capital Stock | Labor Organization | | |
| Membership Organization Trade Association | Cooperative | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | _ | | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee) | separate segregated fund or party | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line | 6.) | | |
| (g) X This committee is an independent expenditure-only political committee (Super PAC). | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| (h) This committee is a political committee with both contribution and non-contribution a | accounts (Hybrid PAC). | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | | | |
| Joint Fundraising Representative: | | | |
| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | |
| This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | |
| Committees Participating in Joint Fundraiser | | | |
| 1. | C | | |
| | | | |

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|----------|--|---|--------------------------|-----------------------|
| ٧ | Vrite or Type Committee Na | ICA GREAT AGAIN INC. | | |
| 6. | | Organization, Affiliated Committee, Joint Fundraising Rep | presentative, or Leade | ership PAC Sponsor |
| | | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connect | ed Organization Affiliated Organization Joint Fundraisi | ng Representative | Leadership PAC Sponso |
| <u> </u> | Custodian of Records: Ide | entify by name, address (phone number optional) and position | n of the person in posse | ssion of committee |
| | GANTT, | CHARLES, , , | | |
| | Full Name | | | |
| | Mailing Address | C/O BULLDOG COMPLIANCE | | |
| | | 138 CONANT STREET STE 401 | | |
| | | BEVERLY | MA 0191 | 5 |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | TREASURER | Telephone no | umber 617 - | 231 - 4328 |
| 3. | Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the distance of the | ne committee; and the | name and address of |
| | | CHARLES, , , | | |
| | of Treasurer | C/O RIUL DOC COMPLIANCE | | |
| | Mailing Address | C/O BULLDOG COMPLIANCE | | |
| | | 138 CONANT STREET STE 401 | | |
| | | BEVERLY | MA 0191 | 5 |
| | | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | TREASURER | Telephone no | umber 617 - | 231 - 4328 |

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|--------------------------------|--|-------------------|------------------------------|--|--|--|
| Full Name of Designated | (11641664 02/2000) | | i ago i | | | |
| Agent | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| Title or Position • | CITY A | STATE ▲ | ZIP CODE ▲ | | | |
| | Telephone | number | | | | |
| | Depositories: List all banks or other depositories in which the commes or maintains funds. | nittee deposits t | funds, holds accounts, rents | | | |
| Name of Bank, D | epository, etc. | | | | | |
| CHAIN BRIDGE BANK N.A. | | | | | | |
| Mailing Address | 1445-A LAUGHLIN AVE. | | | | | |
| | | | | | | |
| | MCLEAN | VA | 22101 | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |
| Name of Bank, Depository, etc. | | | | | | |
| | | | | | | |
| Mailing Address | | | | | | |
| | | | | | | |
| | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | |