

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 TEA PARTY MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806 ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER C C00566174 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2016 through 09 / 30 / 2016

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

Type or Print Name of Treasurer Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10 / 02 / 2019

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**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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="2016"/>		63478.41
(b) Cash on Hand at Beginning of Reporting Period.....	39090.85	
(c) Total Receipts (from Line 19)	459216.28	1132202.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	498307.13	1195680.42
7. Total Disbursements (from Line 31).....	428853.72	1126227.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69453.41	69453.41
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)	56430.76	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39291.00	85401.00
(ii) Unitemized	418419.22	1043017.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	457710.22	1128418.02
(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)	457710.22	1128418.02
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.).....	1506.06	3783.99
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)).....▶	459216.28	1132202.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	459216.28	1132202.01

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	35184.48	313057.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35184.48	313057.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	100.00	4600.00
24. Independent Expenditures (use Schedule E)	393569.24	808569.24
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).....	0.00	0.00
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)) ..	428853.72	1126227.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	428853.72	1126227.01

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)	457710.22	1128418.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	457710.22	1128418.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35184.48	313057.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35184.48	313057.77

**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 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input 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)
TEA PARTY MAJORITY FUND

A. ALEXANDER 431, CARL A, , MR,
Mailing Address 5160 DURRETT RD

City ORIENT	State OH	Zip Code 43146
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
07 / 14 / 2016
Transaction ID : SA11AI.4591

Amount of Each Receipt this Period
200.00

Memo Item

B. ALEXANDER 431, CARL A, , MR,
Mailing Address 5160 DURRETT RD

City ORIENT	State OH	Zip Code 43146
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

Date of Receipt
09 / 09 / 2016
Transaction ID : SA11AI.4592

Amount of Each Receipt this Period
200.00

Memo Item

C. ALPHS 201, MARY, , MS,
Mailing Address 5913 AMBER RIDGE RD

City HAYMARKET	State VA	Zip Code 20169
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 750.00

Date of Receipt
08 / 24 / 2016
Transaction ID : SA11AI.4593

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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: (check only one)	PAGE 7 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ARNEY 421, JOHN M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2076 INDUSTRIAL BYP N

City FRANKLIN	State KY	Zip Code 42134
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ARNEY INDUSTRIAL	Occupation (for Individual) SELF EMPLOYED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2016

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period
350.00

Memo Item

B. AYLESWORTH 790, JACKIE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 COUNTY ROAD 65

City PLAINVIEW	State TX	Zip Code 79072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

Transaction ID : SA11AI.4597

Amount of Each Receipt this Period
100.00

Memo Item

C. AYLESWORTH 790, JACKIE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 COUNTY ROAD 65

City PLAINVIEW	State TX	Zip Code 79072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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: (check only one)	PAGE 8 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BALAGAT 853, MARIA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4215 E MAYA WAY

City CAVE CREEK	State AZ	Zip Code 85331
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2016

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period
100.00

Memo Item

B. BALINT 553, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13212 PARKWOOD DR

City BURNSVILLE	State MN	Zip Code 55337
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2016

Transaction ID : SA11AI.4601

Amount of Each Receipt this Period
100.00

Memo Item

C. BALINT 553, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13212 PARKWOOD DR

City BURNSVILLE	State MN	Zip Code 55337
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2016

Transaction ID : SA11AI.4602

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 9 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BALINT 553, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13212 PARKWOOD DR

City BURNSVILLE	State MN	Zip Code 55337
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period
- 50.00

Memo Item

B. BALLARD 420, MELISSA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4360 BLANDVILLE RD

City WICKLIFFE	State KY	Zip Code 42087
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIF EMPLOYED	Occupation (for Individual) SELF EMPLOYED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period
250.00

Memo Item

C. BARRY 018, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17 PROGRESS RD

City BILLERICA	State MA	Zip Code 01821
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FULFILLMENT AMERICA INC	Occupation (for Individual) EXECUTIVE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2016

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 10 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BARTLEY 773, ROBERT C., MR,
Mailing Address 10107 ELDERBERRY PARK LN

City TOMBALL	State TX	Zip Code 77375
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) RCB INSURANCE SERVICES LLC		Occupation (for Individual) INSURANCE BROKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 19 / 2016
Transaction ID : SA11AI.4608

Amount of Each Receipt this Period
100.00

Memo Item

B. BARTLITT 801, JANA K., MS,
Mailing Address 604 CLIFFGATE LN

City CASTLE ROCK	State CO	Zip Code 80108
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 14 / 2016
Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
250.00

Memo Item

C. BEARD 989, SELINA., MS,
Mailing Address 4281 CAMPBELL RD

City WAPATO	State WA	Zip Code 98951
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) COLUMBIA RIVER TRAILS		Occupation (for Individual) OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 23 / 2016
Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 11 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BECKER 119, LLOYD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 841

City AQUEBOGUE	State NY	Zip Code 11931
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA11AI.4613

Amount of Each Receipt this Period
100.00

Memo Item

B. BEER 339, VICTOR, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 823 E FORT THOMPSON AVE

City LABELLE	State FL	Zip Code 33935
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period
200.00

Memo Item

C. BELMONT 357, JOHN S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 BRIARCREST RD

City HAZEL GREEN	State AL	Zip Code 35750
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 12 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BELMONT 370, PAUL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 RED PAINT RDG
 City CLARKSVILLE State TN Zip Code 37043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENTREPRUENER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 20 / 2016**
Transaction ID : SA11AI.4619
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BENEFIEL 220, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5227 SIDEBURN RD
 City FAIRFAX State VA Zip Code 22032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DEF FINANCE AND ACCOUTING SERVICE Occupation (for Individual) AUDITOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 26 / 2016**
Transaction ID : SA11AI.4621
 Amount of Each Receipt this Period 200.00
 Memo Item

C. BENJAMIN 800, DEAN A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10118 GROVE LOOP UNIT A
 City WESTMINSTER State CO Zip Code 80031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 13 / 2016**
Transaction ID : SA11AI.4623
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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: (check only one)	PAGE 13 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BENSON 190, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3100 TERWOOD RD APT E53

City WILLOW GROVE	State PA	Zip Code 19090
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Transaction ID : SA11AI.4625

Amount of Each Receipt this Period
100.00

Memo Item

B. BERRY 112, YVONNE R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE
APT 5J

City BROOKLYN	State NY	Zip Code 11207
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period
125.00

Memo Item

C. BICE 575, DONALD L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31629 277TH ST

City WINNER	State SD	Zip Code 57580
----------------	-------------	-------------------

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

Name of Employer (for Individual) ROOTS AERIAL CROP SPRAYING SRV	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4627

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	525.00
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: (check only one)	PAGE 14 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BILLMAN 705, J GAYE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 WALNUT ST
 City NEW IBERIA State LA Zip Code 70560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2016
Transaction ID : SA11AI.4629
 Amount of Each Receipt this Period 200.00
 Memo Item

B. BLAUDOW 320, RICHARD W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18391 AVALON DR
 City HILLIARD State FL Zip Code 32046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ADVANCED TECHNOLOGY SERVICES Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 29 / 2016
Transaction ID : SA11AI.4631
 Amount of Each Receipt this Period 500.00
 Memo Item

C. BOGGS 997, JOEL T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 74087
 City FAIRBANKS State AK Zip Code 99707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) PAINTING CONTRACTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2016
Transaction ID : SA11AI.4633
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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: (check only one)	PAGE 15 OF 119
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BONOMO 604, DONALD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11785 AZURE DR

City FRANKFORT	State IL	Zip Code 60423
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MEDICAL
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
500.00

Memo Item

B. BOWKER 437, LOIS R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 NORTH ST

City CALDWELL	State OH	Zip Code 43724
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
50.00

Memo Item

C. BOWKER 437, LOIS R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 NORTH ST

City CALDWELL	State OH	Zip Code 43724
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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: (check only one)	PAGE 16 OF 119
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BRANKOVICH 914, MARILYN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4149 HAYVENHURST DR
 City ENCINO State CA Zip Code 91436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MONTE CARLO-ITALIA FOODS INC Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2016
Transaction ID : SA11AI.4640
 Amount of Each Receipt this Period 50.00
 Memo Item

B. BREMER 510, JUNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5177 HIGHWAY 20
 City HOLSTEIN State IA Zip Code 51025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2016
Transaction ID : SA11AI.4642
 Amount of Each Receipt this Period 200.00
 Memo Item

C. BREMER 510, JUNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5177 HIGHWAY 20
 City HOLSTEIN State IA Zip Code 51025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 28 / 2016
Transaction ID : SA11AI.4643
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 17 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BROWN 740, SHERRIE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 881

City CUSHING	State OK	Zip Code 74023
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
100.00

Memo Item

B. BROWN 863, LINDA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1093 N WIDE OPEN TRL

City PRESCOTT VLY	State AZ	Zip Code 86314
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

Transaction ID : SA11AI.4645

Amount of Each Receipt this Period
200.00

Memo Item

C. BUHL 100, HENRY M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 114 GREENE ST FL 5

City NEW YORK	State NY	Zip Code 10012
------------------	-------------	-------------------

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

Name of Employer (for Individual) THE BUHL FOUNDATION	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

Transaction ID : SA11AI.4647

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 18 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BUSOZ 708, PHILIPPE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7707 BLUEBONNET BLVD
APT 210

City BATON ROUGE State LA Zip Code 70810

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.4649

Amount of Each Receipt this Period
200.00

Memo Item

B. CALLAWAY 945, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 GREGORY LN

City PLEASANT HILL State CA Zip Code 94523

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

Name of Employer (for Individual) CALLAWAY INSURANCE CO Occupation (for Individual) INSURANCE BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2016

Transaction ID : SA11AI.4651

Amount of Each Receipt this Period
100.00

Memo Item

C. CAPPS 368, GEORGE W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5194 US HIGHWAY 80 W

City OPELIKA State AL Zip Code 36804

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2016

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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: (check only one)	PAGE 19 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CECCHI 221, GIUSEPPE M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 ALDEBARAN DR

City MC LEAN	State VA	Zip Code 22101
-----------------	-------------	-------------------

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

Name of Employer (for Individual) THE IDI GROUP	Occupation (for Individual) PRESIDENT
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

Transaction ID : SA11AI.4655

Amount of Each Receipt this Period
500.00

Memo Item

B. CHELOHA 685, KENNETH L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7400 BRIARHURST CIR

City LINCOLN	State NE	Zip Code 68506
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
250.00

Memo Item

C. CHINN 481, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 344 E CANFORD PARK

City CANTON	State MI	Zip Code 48187
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA11AI.4659

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 20 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CILLUFFO 193, ANTHONY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 MEADOWLARK TER

City GLEN MILLS	State PA	Zip Code 19342
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
250.00

Memo Item

B. CLEMSON 214, D B, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7101 BAY FRONT DR
APT 525

City ANNAPOLIS	State MD	Zip Code 21403
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA11AI.4661

Amount of Each Receipt this Period
100.00

Memo Item

C. COALSON 760, MAC, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7801 NEW AUTHON RD

City WEATHERFORD	State TX	Zip Code 76088
---------------------	-------------	-------------------

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

Name of Employer (for Individual) COLSON REAL	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA11AI.4663

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 21 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. COCKLE 981, MICHAEL J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2452 MONTAVISTA PL W

City SEATTLE	State WA	Zip Code 98199
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2016

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
100.00

Memo Item

B. COLLINS 954, FRANCIS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17020 PARK AVE

City SONOMA	State CA	Zip Code 95476
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUILDER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

Transaction ID : SA11AI.4667

Amount of Each Receipt this Period
500.00

Memo Item

C. COLLINS 974, ROBERT C, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3087 POWDER RIVER DR

City EUGENE	State OR	Zip Code 97408
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DENTIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	670.00
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: (check only one)	PAGE 22 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. COLWELL 333, RUTH A, , MS,
Mailing Address 13191 SW 7TH PL

City FORT LAUDERDALE	State FL	Zip Code 33325
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
08 / 17 / 2016

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
200.00

Memo Item

B. COODEY 953, BETTY, , MS,
Mailing Address 4020 BALLEEN CT

City MODESTO	State CA	Zip Code 95356
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
09 / 09 / 2016

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
200.00

Memo Item

C. COONLY 787, JOHN, , MR,
Mailing Address 800 W 3RD ST
APT 3336

City AUSTIN	State TX	Zip Code 78701
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt
MM / DD / YYYY
08 / 01 / 2016

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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: (check only one)	PAGE 23 OF 119
<input checked="" 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 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)
TEA PARTY MAJORITY FUND

A. COONLY 787, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W 3RD ST
APT 3336

City AUSTIN	State TX	Zip Code 78701
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
100.00

Memo Item

B. CORSELIUS 217, NEIL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9497 POCONO DR

City FREDERICK	State MD	Zip Code 21702
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
50.00

Memo Item

C. COSTELLO 606, JOSEPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 N DEARBORN ST APT 1401

City CHICAGO	State IL	Zip Code 60654
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HOMERUN INN FROZEN FOODS	Occupation (for Individual) VICE PRESIDENT
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2016

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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: (check only one)	PAGE 24 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. COYNE 681, SALLY, , MS,
Mailing Address 845 N 143RD PLZ

City OMAHA	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
09 / 27 / 2016
Transaction ID : SA11AI.4680

Amount of Each Receipt this Period
100.00

Memo Item

B. CRAFT 553, JAMES A, , MR,
Mailing Address 4406 BULRUSH BLVD

City SHAKOPEE	State MN	Zip Code 55379
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
07 / 04 / 2016
Transaction ID : SA11AI.4682

Amount of Each Receipt this Period
100.00

Memo Item

C. CRUCE 283, BARBARA J, , MS,
Mailing Address 2601 N ROBERTS AVE
APT 2A

City LUMBERTON	State NC	Zip Code 28358
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
08 / 08 / 2016
Transaction ID : SA11AI.4684

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 25 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CRUMB 770, CHARLES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1644 CASTLE CT

City HOUSTON	State TX	Zip Code 77006
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) NEPHROLOGIST
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period
100.00

Memo Item

B. DAHARSH 820, MICHAEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 HALES RANCH RD

City CHEYENNE	State WY	Zip Code 82007
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period
100.00

Memo Item

C. DAVID 027, EMILY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SILVER ST

City TAUNTON	State MA	Zip Code 02780
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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: (check only one)	PAGE 26 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DAVIS 480, JACQUELINE M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3036 BENJAMIN AVE

City ROYAL OAK	State MI	Zip Code 48073
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
100.00

Memo Item

B. DEOSS 033, DISTER L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 HUTCHINS ST

City CONCORD	State NH	Zip Code 03301
-----------------	-------------	-------------------

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

Name of Employer (for Individual) DEOSS FARMS	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2016

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
100.00

Memo Item

C. DICKSON 809, N STUART, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1735 OSAGE WAY

City COLORADO SPRINGS	State CO	Zip Code 80915
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2016

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 27 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DICKSON 809, N STUART, , MR,
Mailing Address 1735 OSAGE WAY

City COLORADO SPRINGS	State CO	Zip Code 80915
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Date of Receipt
08 / 18 / 2016
Transaction ID : SA11AI.4695

Amount of Each Receipt this Period
35.00

Memo Item

B. DIDONNA 333, MICHAEL, , MR,
Mailing Address 2030 NE 59TH PL

City FORT LAUDERDALE	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

Date of Receipt
08 / 03 / 2016
Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
100.00

Memo Item

C. DIGGS 606, YVETTE S, , MS,
Mailing Address 9300 S RACINE AVE

City CHICAGO	State IL	Zip Code 60620
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt
08 / 23 / 2016
Transaction ID : SA11AI.4699

Amount of Each Receipt this Period
60.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 28 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DILL 105, NANCY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 PROSPECT HILL RD

City BREWSTER	State NY	Zip Code 10509
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period
100.00

Memo Item

B. DITTMAN 284, DAVID A, , DR, PHD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 BELLAMY PARKE WAY

City WILMINGTON	State NC	Zip Code 28412
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DOCTOR
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period
100.00

Memo Item

C. DIXON 581, JIM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 10307

City FARGO	State ND	Zip Code 58104
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2016

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 29 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DIXON 581, JIM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 10307

City FARGO State ND Zip Code 58104

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
09 / 22 / 2016

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period
100.00

Memo Item

B. DODGE 722, LINNIE M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14300 CHENAL PKWY APT 7010

City LITTLE ROCK State AR Zip Code 72211

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2016

Transaction ID : SA11AI.4707

Amount of Each Receipt this Period
100.00

Memo Item

C. DOIRON 705, CLIFFORD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1002 YODER DR

City NEW IBERIA State LA Zip Code 70560

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

Name of Employer (for Individual) TECHE HOLDING CO Occupation (for Individual) ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 05 / 2016

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 30 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DUFOIN 891, DOROTHA, , MS,
Mailing Address PO BOX 27503

City LAS VEGAS	State NV	Zip Code 89126
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CREATIVE CATERING	Occupation (for Individual) CATERER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
09 / 28 / 2016
Transaction ID : SA11AI.4711

Amount of Each Receipt this Period
100.00

Memo Item

B. DUMOUCHELLE 482, JANICE, , MS,
Mailing Address 808 RIVARD BLVD

City GROSSE POINTE	State MI	Zip Code 48230
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) DUMOUCHELLE ART GALLERIES	Occupation (for Individual) ART DEALER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
09 / 14 / 2016
Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
100.00

Memo Item

C. DUNFIELD 656, JAMES W, , MR,
Mailing Address PO BOX 98

City GREENFIELD	State MO	Zip Code 65661
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) REFUSED	Occupation (for Individual) REFUSED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
MM / DD / YYYY
07 / 14 / 2016
Transaction ID : SA11AI.4715

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 31 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DUNSWORTH 640, HOMER, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 107 JAMAR ST

City PECULIAR	State MO	Zip Code 64078
------------------	-------------	-------------------

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

Name of Employer (for Individual) PECULIAR PARK BOARD	Occupation (for Individual) CHAIRMAN
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
100.00

Memo Item

B. EDDY 305, JOYCE C, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 180 RED DELICIOUS

City CLARKESVILLE	State GA	Zip Code 30523
----------------------	-------------	-------------------

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

Name of Employer (for Individual) HABERSHAM	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period
100.00

Memo Item

C. EDWARDS 212, GRETCHEN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3907 GREENWAY

City BALTIMORE	State MD	Zip Code 21218
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2016

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 32 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. EHLERS 902, ROY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4735 W BROADWAY APT 15

City HAWTHORNE	State CA	Zip Code 90250
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AEROSPACE CORP	Occupation (for Individual) COMPUTER PROGRAMMER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period
200.00

Memo Item

B. ENCK 175, CHARLES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 807 S CEDAR ST

City LITITZ	State PA	Zip Code 17543
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CARPENTER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period
250.00

Memo Item

C. ENNIS 932, DORA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27459 ROAD 150

City VISALIA	State CA	Zip Code 93292
-----------------	-------------	-------------------

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

Name of Employer (for Individual) DORA PROPERTY LTD	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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: (check only one)	PAGE 33 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. EPP 231, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9403 MARIE RD

City NEW KENT	State VA	Zip Code 23124
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4728

Amount of Each Receipt this Period
50.00

Memo Item

B. EPP 231, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9403 MARIE RD

City NEW KENT	State VA	Zip Code 23124
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
50.00

Memo Item

C. ESS 339, JUDITH A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9761 ROOKERY CIR

City ESTERO	State FL	Zip Code 33928
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 34 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ESTELL 358, MARTHA, , MS,
Mailing Address 102 PATDEAN DR

City HUNTSVILLE	State AL	Zip Code 35811
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) 5TH X COUNTY		Occupation (for Individual) PROBATION OFFICER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 14 / 2016
Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
100.00

Memo Item

B. FLORY 195, ROGER, , MR,
Mailing Address 370 HUNTZINGER RD

City WERNERSVILLE	State PA	Zip Code 19565
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
07 / 29 / 2016
Transaction ID : SA11AI.4735

Amount of Each Receipt this Period
200.00

Memo Item

C. FORRESTAL 532, KATHLEEN D, , MS,
Mailing Address 2505 E BRADFORD AVE APT 3304

City MILWAUKEE	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 05 / 2016
Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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: (check only one)	PAGE 35 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. FOUKE 434, LOIS F, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 TRENT CT
 City CLYDE State OH Zip Code 43410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.4739
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GALAWAY 754, EDDIE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7902 S STATE HIGHWAY 78
 City LEONARD State TX Zip Code 75452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 08 / 2016
Transaction ID : SA11AI.4741
 Amount of Each Receipt this Period 50.00
 Memo Item

C. GASIOR 114, LINDA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 210336
 City WOODHAVEN State NY Zip Code 11421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 05 / 2016
Transaction ID : SA11AI.4743
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 36 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. GIVENS 781, W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22133 OLD NACOGDOCHES RD
 City NEW BRAUNFELS State TX Zip Code 78132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RH & DG GIVENS INC Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016
Transaction ID : SA11AI.4745
 Amount of Each Receipt this Period 100.00
 Memo Item

B. GRIGGS 922, DALE M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 US HIGHWAY 86
 City BRAWLEY State CA Zip Code 92227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N M GRIGGS CO INC Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2016
Transaction ID : SA11AI.4747
 Amount of Each Receipt this Period 250.00
 Memo Item

C. GRIMM 430, DOUGLAS, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 SWAINFORD DR
 City HEATH State OH Zip Code 43056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.4749
 Amount of Each Receipt this Period 201.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	551.00
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: (check only one)	PAGE 37 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HAEN 961, LYNN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 8998

City SOUTH LAKE TAHOE	State CA	Zip Code 96158
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period
100.00

Memo Item

B. HALL 770, GARY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3310 THEYSEN CIR

City HOUSTON	State TX	Zip Code 77080
-----------------	-------------	-------------------

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

Name of Employer (for Individual) HALL-HOUSTON EXPLORATION PARTNERS	Occupation (for Individual) MANAGING PARTNER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

Transaction ID : SA11AI.4753

Amount of Each Receipt this Period
100.00

Memo Item

C. HALLMAN 770, GRADY L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3443 INWOOD DR

City HOUSTON	State TX	Zip Code 77019
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : SA11AI.4755

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 38 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HAMILTON 786, PAUL, , MR,
Mailing Address 413 W CREEK ST

City FREDERICKSBURG	State TX	Zip Code 78624
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
09 / 28 / 2016
Transaction ID : SA11AI.4757

Amount of Each Receipt this Period
250.00

Memo Item

B. HAMRICK 281, RACHEL J, , MS,
Mailing Address 3014 POPLAR CIR

City SHELBY	State NC	Zip Code 28152
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
09 / 12 / 2016
Transaction ID : SA11AI.4759

Amount of Each Receipt this Period
100.00

Memo Item

C. HANNEGAN 714, LEN, , MR,
Mailing Address 115 FOX RUN DR

City NATCHITOCHE	State LA	Zip Code 71457
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
09 / 19 / 2016
Transaction ID : SA11AI.4761

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 39 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HARGIS 757, JOE S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1313 BELLEHAVEN CT

City TYLER	State TX	Zip Code 75703
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period
200.00

Memo Item

B. HARING 448, ANGELINE J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 ALEXANDER RD W

City BELLVILLE	State OH	Zip Code 44813
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period
100.00

Memo Item

C. HAWKINS 972, LESTER J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4473 SE ALDERCREST RD

City MILWAUKIE	State OR	Zip Code 97222
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DECORATOR
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 40 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HENRY 750, NOAL D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3500 OLD DENTON RD
 APT 130
 City CARROLLTON State TX Zip Code 75007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 18 / 2016
Transaction ID : SA11AI.4768
 Amount of Each Receipt this Period 100.00
 Memo Item

B. HERTEL 630, ANDREA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 MEADOWBROOK COUNTRY CLUB ES
 City BALLWIN State MO Zip Code 63011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 12 / 2016
Transaction ID : SA11AI.4769
 Amount of Each Receipt this Period 200.00
 Memo Item

C. HERTEL 630, ANDREA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 MEADOWBROOK COUNTRY CLUB ES
 City BALLWIN State MO Zip Code 63011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 02 / 2016
Transaction ID : SA11AI.4770
 Amount of Each Receipt this Period -200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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: (check only one)	PAGE 41 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HICKOX 920, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4973 POSEIDON WAY

City OCEANSIDE	State CA	Zip Code 92056
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : SA11AI.4771

Amount of Each Receipt this Period
100.00

Memo Item

B. HOETGER 484, JACQUELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 BENNETT LAKE RD

City FENTON	State MI	Zip Code 48430
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period
100.00

Memo Item

C. HOETGER 484, JACQUELINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8300 BENNETT LAKE RD

City FENTON	State MI	Zip Code 48430
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 42 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HOETGER 484, JACQUELINE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8300 BENNETT LAKE RD
 City FENTON State MI Zip Code 48430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.4775
 Amount of Each Receipt this Period - 100.00
 Memo Item

B. HOHL 773, CARL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14011 PARK DR STE 113
 City TOMBALL State TX Zip Code 77377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HATHOWAY HOME SERVICES Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 25 / 2016
Transaction ID : SA11AI.4777
 Amount of Each Receipt this Period 100.00
 Memo Item

C. HOLM 130, GIL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3003 EAGER RD
 City LA FAYETTE State NY Zip Code 13084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 09 / 2016
Transaction ID : SA11AI.4778
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
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: (check only one)	PAGE 43 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HONDO 833, KRISTINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 E 200 S

City BURLEY	State ID	Zip Code 83318
----------------	----------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2016

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
50.00

Memo Item

B. HOUNSEL 809, MACK, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4776 SETON HALL RD

City COLORADO SPRINGS	State ID CO	Zip Code 80918
--------------------------	----------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4782

Amount of Each Receipt this Period
200.00

Memo Item

C. HOWARD 787, JOE E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 501 RILEY RD

City AUSTIN	State ID TX	Zip Code 78746
----------------	----------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2016

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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: (check only one)	PAGE 44 OF 119
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HUGHES 600, WILLIAM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 S RIVER RD

City LIBERTYVILLE	State IL	Zip Code 60048
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ALLIANCE RACING LLC	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period
250.00

Memo Item

B. HULTBERG 973, LEROY W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33270 SE WHITE OAK RD

City CORVALLIS	State OR	Zip Code 97333
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RJH ENTERPRISES INC	Occupation (for Individual) CORPORATE OFFICER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period
50.00

Memo Item

C. HUNTER 019, NORMAN F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 LEBEAU DR

City MIDDLETON	State MA	Zip Code 01949
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 45 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. INMAN 392, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 ANN DR
 City PEARL State MS Zip Code 39208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2016
Transaction ID : SA11AI.4792
 Amount of Each Receipt this Period 100.00
 Memo Item

B. IRWIN 217, WILLIAM L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7105 UNAKITE CT
 City MIDDLETOWN State MD Zip Code 21769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.4793
 Amount of Each Receipt this Period 100.00
 Memo Item

C. IRWIN 217, WILLIAM L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7105 UNAKITE CT
 City MIDDLETOWN State MD Zip Code 21769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2016
Transaction ID : SA11AI.4794
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 46 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ISHIZUKA 105, YUKIO, , DR,
Mailing Address 500 PURCHASE ST

City RYE	State NY	Zip Code 10580
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) PSYCHIATRIST
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 19 / 2016
Transaction ID : SA11AI.4796

Amount of Each Receipt this Period
100.00

Memo Item

B. JAMES 996, MARY, , MS,
Mailing Address PO BOX 1346

City PALMER	State AK	Zip Code 99645
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 28 / 2016
Transaction ID : SA11AI.4798

Amount of Each Receipt this Period
50.00

Memo Item

C. JEFFRIES 729, PEGGY, , MS,
Mailing Address 5 FREE FRY CIR

City FORT SMITH	State AR	Zip Code 72903
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 10 / 2016
Transaction ID : SA11AI.4800

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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: (check only one)	PAGE 47 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. JERREHIAN 190, JACQUELINE C, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 GRAYS LN
APT 108

City HAVERFORD State PA Zip Code 19041

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

Name of Employer (for Individual) BERSHIRE HATHWAY Occupation (for Individual) REAL ESTATE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11AI.4802

Amount of Each Receipt this Period 200.00

Memo Item

B. JOHNSON 488, VERNON, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10265 COLLARD DR

City LAKEVIEW State MI Zip Code 48850

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 24 / 2016
Transaction ID : SA11AI.4804

Amount of Each Receipt this Period 300.00

Memo Item

C. JONES 432, JOHN R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS State OH Zip Code 43207

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

Name of Employer (for Individual) JONES FUEL COMPANY Occupation (for Individual) SELF EMPLOYED

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 18 / 2016
Transaction ID : SA11AI.4806

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 48 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. JONES 432, JOHN R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer (for Individual) JONES FUEL COMPANY	Occupation (for Individual) SELF EMPLOYED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.4807

Amount of Each Receipt this Period
100.00

Memo Item

B. KARALES 117, JOANN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52 ROSE ST

City SMITHTOWN	State NY	Zip Code 11787
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SEA LARK	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2016

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
300.00

Memo Item

C. KING 338, IVAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 SILVERADO TER

City WINTER HAVEN	State FL	Zip Code 33884
----------------------	-------------	-------------------

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

Name of Employer (for Individual) KING ENGINEERING INC	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : SA11AI.4811

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 49 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. KING 338, IVAN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3015 SILVERADO TER

City WINTER HAVEN	State FL	Zip Code 33884
----------------------	-------------	-------------------

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

Name of Employer (for Individual) KING ENGINEERING INC	Occupation (for Individual) PRESIDENT
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Transaction ID : SA11AI.4812

Amount of Each Receipt this Period
100.00

Memo Item

B. KING 393, DAVID L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1183 BATEMAN RD

City LOUISVILLE	State MS	Zip Code 39339
--------------------	-------------	-------------------

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

Name of Employer (for Individual) KING METAL BUILDINGS INC	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period
100.00

Memo Item

C. KING 439, FRANCES E, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 599 BRAYBARTON BLVD

City STEUBENVILLE	State OH	Zip Code 43952
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4816

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 50 OF 119
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. KLADIVA 223, KENNETH L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2404 WITTINGTON BLVD

City ALEXANDRIA	State VA	Zip Code 22308
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2016

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period
100.00

Memo Item

B. KOCH 681, ABIGAIL Y, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1302 S 101ST ST APT 310

City OMAHA	State NE	Zip Code 68124
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

Transaction ID : SA11AI.4820

Amount of Each Receipt this Period
250.00

Memo Item

C. KOCHISS 062, JOHN L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 EAGER RD

City N FRANKLIN	State CT	Zip Code 06254
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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: (check only one)	PAGE 51 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. KOENIG 198, STEPHANIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3413 PEBBLE BEACH DR
 City WILMINGTON State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 12 / 2016
Transaction ID : SA11AI.4824
 Amount of Each Receipt this Period 100.00
 Memo Item

B. KRAVETSKY 156, CHARLES, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1094 LANTZ RD
 City AVONMORE State PA Zip Code 15618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 18 / 2016
Transaction ID : SA11AI.4826
 Amount of Each Receipt this Period 100.00
 Memo Item

C. KROHA 370, NONA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WHEATFIELD CIR APT B218
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.4827
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 52 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input 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)
TEA PARTY MAJORITY FUND

A. KROHA 370, NONA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WHEATFIELD CIR
 APT B218
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA11AI.4828
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. KROPP 103, WESLEY W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 COURT ST
 City STATEN ISLAND State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2016
Transaction ID : SA11AI.4829
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. LANE 740, JOE C, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 66
 City CHELSEA State OK Zip Code 74016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2016
Transaction ID : SA11AI.4830
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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: (check only one)	PAGE 53 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. LANKHEIM 349, RAYMOND M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 84 SW LINDEN ST

City STUART	State FL	Zip Code 34997
----------------	-------------	-------------------

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

Name of Employer (for Individual) CALIBAN YACHT CLUB	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period
75.00

Memo Item

B. LEACH 773, SARA B, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4834

Amount of Each Receipt this Period
50.00

Memo Item

C. LEACH 773, SARA B, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2016

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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: (check only one)	PAGE 54 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. LEBEWOHL 931, ALICE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 CALLE LAIREL
 APT 129
 City SANTA BARBARA State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 25 / 2016
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. LEBEWOHL 931, ALICE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 CALLE LAIREL
 APT 129
 City SANTA BARBARA State CA Zip Code 93111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016
Transaction ID : SA11AI.4837
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. LEFILS 327, MARY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 66
 City OSTEEN State FL Zip Code 32764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2016
Transaction ID : SA11AI.4839
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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: (check only one)	PAGE 55 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. LEFLER 487, JAMES A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 W CRUMP ST
 City BAY CITY State MI Zip Code 48706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) DISABLED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.4841
 Amount of Each Receipt this Period 100.00
 Memo Item

B. LESTER 300, ONA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 HUMPHRIES RD NW
 City CONYERS State GA Zip Code 30012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.4842
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LI 852, KUANG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2533 E CHESTER DR
 City CHANDLER State AZ Zip Code 85286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 19 / 2016
Transaction ID : SA11AI.4844
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 56 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. LONG 286, JOE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1456 LITTLE HILL RD

City NEWTON	State NC	Zip Code 28658
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period
300.00

Memo Item

B. LUBY 990, LARRY L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8321 W GRIFFIN RD

City CHENEY	State WA	Zip Code 99004
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period
25.00

Memo Item

C. LUEDERS 789, M G, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 543 S MADISON ST

City LA GRANGE	State TX	Zip Code 78945
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : SA11AI.4850

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	425.00
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: (check only one)	PAGE 57 OF 119
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MAGNUSKI 103, WILLIAM, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 100269

City STATEN ISLAND	State NY	Zip Code 10310
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
100.00

Memo Item

B. MANNING 201, JOHN A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 HAMILTON TERRACE DR

City HAMILTON	State VA	Zip Code 20158
------------------	-------------	-------------------

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

Name of Employer (for Individual) BOOZ ALLEN	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2016

Transaction ID : SA11AI.4854

Amount of Each Receipt this Period
100.00

Memo Item

C. MARCH 912, JAMIE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1024 CALLE CONTENTO

City GLENDALE	State CA	Zip Code 91208
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2016

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 58 OF 119
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MARTIN 624, BARBARA D, , MS,
Mailing Address 607 W CRAFT ST

City ROBINSON	State IL	Zip Code 62454
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
07 / 20 / 2016

Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
250.00

Memo Item

B. MASON 786, WILLIAM W, , MR,
Mailing Address 14967 ARROWHEAD DR

City LEANDER	State TX	Zip Code 78641
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) WILLIAM MASON INVESTMENTS LLC		Occupation (for Individual) INVESTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 18 / 2016

Transaction ID : SA11AI.4857

Amount of Each Receipt this Period
500.00

Memo Item

C. MASTERS 548, MARIE D, , MS,
Mailing Address PO BOX 302

City WEBSTER	State WI	Zip Code 54893
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 29 / 2016

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 59 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MAXFIELD 770, MARIETTA M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11415 HOLIDAN WAY
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2016
Transaction ID : SA11AI.4860
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MAY 462, JAMES H, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7728 SILVER MOON WAY
 City INDIANAPOLIS State IN Zip Code 46259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2016
Transaction ID : SA11AI.4862
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. MAY 759, JACK B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 929 US HIGHWAY 287
 City WOODVILLE State TX Zip Code 75979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2016
Transaction ID : SA11AI.4864
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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: (check only one)	PAGE 60 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MCDONALD 211, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3741 BUTLER RD

City REISTERSTOWN	State MD	Zip Code 21136
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : SA11AI.4865

Amount of Each Receipt this Period
350.00

Memo Item

B. MCDONALD 211, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3741 BUTLER RD

City REISTERSTOWN	State MD	Zip Code 21136
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA11AI.4866

Amount of Each Receipt this Period
100.00

Memo Item

C. MCDONALD 462, SUSAN R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5421 FENMORE RD

City INDIANAPOLIS	State IN	Zip Code 46228
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : SA11AI.4868

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 61 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MCGOVERN 972, WALTER T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3340 SW VISTA DR
 City PORTLAND State OR Zip Code 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA11AI.4870
 Amount of Each Receipt this Period 200.00
 Memo Item

B. MCSPADDEN 920, KAREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 980 GLENDORA DR
 City OCEANSIDE State CA Zip Code 92057
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.4872
 Amount of Each Receipt this Period 100.00
 Memo Item

C. MIELKE 453, DAVID T, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 580
 City BOTKINS State OH Zip Code 45306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BROWN INDUSTRIAL Occupation (for Individual) LABORER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA11AI.4874
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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: (check only one)	PAGE 62 OF 119
<input checked="" 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 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)
TEA PARTY MAJORITY FUND

A. MILAVEC 870, VINCENT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 58 MOLINA RD

City PERALTA	State NM	Zip Code 87042
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REALTOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2016

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period
100.00

Memo Item

B. MILLER 467, DAVID N, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 940 LAKESIDE DR

City ROME CITY	State IN	Zip Code 46784
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SILVER BAY REALTY CORP	Occupation (for Individual) CONSULTANT
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2016

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period
100.00

Memo Item

C. MILLS 309, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 LAKE FOREST DR

City AUGUSTA	State GA	Zip Code 30909
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA11AI.4878

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 63 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MINTON 217, DAVID, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7949 MCKAIG RD

City FREDERICK	State MD	Zip Code 21701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Transaction ID : SA11AI.4880

Amount of Each Receipt this Period
200.00

Memo Item

B. MONTGOMERY 774, HAZEL, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1043 COUNTY ROAD 305

City PALACIOS	State TX	Zip Code 77465
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4882

Amount of Each Receipt this Period
300.00

Memo Item

C. MOORE 260, TERRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 218 CLEARVIEW HEIGHTS DR

City MOUNDSVILLE	State WV	Zip Code 26041
---------------------	-------------	-------------------

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

Name of Employer (for Individual) WESTFORD HEALTH	Occupation (for Individual) MEDICAL
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4884

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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: (check only one)	PAGE 64 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MORRIS 176, SHIRLEY, , MS,
Mailing Address 502 ELIZABETH DR

City LANCASTER	State PA	Zip Code 17601
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2016

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period
100.00

Memo Item

B. MORRISON 188, DORIS B, , ,
Mailing Address 2863 TINGLEY LAKE RD

City NEW MILFORD	State PA	Zip Code 18834
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2016

Transaction ID : SA11AI.4888

Amount of Each Receipt this Period
200.00

Memo Item

C. MOTES 936, ROBYN, , MR,
Mailing Address 2572 SANTA CRUZ AVE

City SANGER	State CA	Zip Code 93657
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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: (check only one)	PAGE 65 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. NAIDU 773, PATRICIA, , MS,
Mailing Address 9215 MINSMERE CIR

City SPRING	State TX	Zip Code 77379
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2016

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period
350.00

Memo Item

B. NOCILLA 129, FRANK, , DR,
Mailing Address 231 STATE ROUTE 3

City TUPPER LAKE	State NY	Zip Code 12986
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MARTIN MEMORIAL MEDICAL CTR		Occupation (for Individual) DOCTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : SA11AI.4894

Amount of Each Receipt this Period
200.00

Memo Item

C. NORMAN 760, MARGIE, , MS,
Mailing Address 12421 OAK GROVE RD S

City BURLESON	State TX	Zip Code 76028
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2016

Transaction ID : SA11AI.4896

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 66 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. NOZNISKY 142, SARAH A, , MS,
Mailing Address 54 HARDING AVE

City BUFFALO	State NY	Zip Code 14217
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2016

Transaction ID : SA11AI.4897

Amount of Each Receipt this Period
100.00

Memo Item

B. OGNIBENE 113, MARGARET, , MS,
Mailing Address 6482 83RD ST

City MIDDLE VILLAGE	State NY	Zip Code 11379
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2016

Transaction ID : SA11AI.4899

Amount of Each Receipt this Period
50.00

Memo Item

C. OHEARN 930, LEO, , MR,
Mailing Address 3650 KETCH AVE

City OXNARD	State CA	Zip Code 93035
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) ATTORNEY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2016

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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: (check only one)	PAGE 67 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. OLSON 560, RODNEY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2765 50TH ST

City GRANADA	State MN	Zip Code 56039
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period
50.00

Memo Item

B. OLSON 560, RODNEY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2765 50TH ST

City GRANADA	State MN	Zip Code 56039
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

Transaction ID : SA11AI.4904

Amount of Each Receipt this Period
100.00

Memo Item

C. ORESZAK 856, JEANNETTE A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1515

City SIERRA VISTA	State AZ	Zip Code 85636
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : SA11AI.4906

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 68 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ORESZAK 856, JEANNETTE A, , MS,
 Mailing Address PO BOX 1515

City SIERRA VISTA State AZ Zip Code 85636

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 15 / 2016
Transaction ID : SA11AI.4907

Amount of Each Receipt this Period
 100.00

Memo Item

B. OSE 546, ALICIA M, , MS,
 Mailing Address N22052 PELLOWSKI RD

City ARCADIA State WI Zip Code 54612

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 08 / 02 / 2016
Transaction ID : SA11AI.4908

Amount of Each Receipt this Period
 100.00

Memo Item

C. OSE 546, ALICIA M, , MS,
 Mailing Address N22052 PELLOWSKI RD

City ARCADIA State WI Zip Code 54612

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 08 / 25 / 2016
Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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 69 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. OTTEN 687, JUDITH, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 EL CAMINO DR
 City NORFOLK State NE Zip Code 68701
 Date of Receipt: 09 / 21 / 2016
 Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period: 100.00
 Memo Item

FEC ID number of contributing federal political committee: C []
 Name of Employer (for Individual) NONE Occupation (for Individual) HOME MAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 210.00

B. PAPP 959, MICHAEL P, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 PIEDMONT CIR
 City CHICO State CA Zip Code 95926
 Date of Receipt: 08 / 18 / 2016
 Transaction ID : SA11AI.4913
 Amount of Each Receipt this Period: 100.00
 Memo Item

FEC ID number of contributing federal political committee: C []
 Name of Employer (for Individual) NORMAL DELI & MEATS Occupation (for Individual) OFFICER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 300.00

C. PARKINSON 229, DAVID G, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12490 GREYLIN WAY
 City ORANGE State VA Zip Code 22960
 Date of Receipt: 08 / 02 / 2016
 Transaction ID : SA11AI.4915
 Amount of Each Receipt this Period: 500.00
 Memo Item

FEC ID number of contributing federal political committee: C []
 Name of Employer (for Individual) GREYLIN INVESTMENT MANAGEMENT CO Occupation (for Individual) FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼: 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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: (check only one)	PAGE 70 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PARKS 065, ROGER L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 RAYNHAM RD

City NEW HAVEN	State CT	Zip Code 06512
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period
100.00

Memo Item

B. PASCH 539, WAYNE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N9167 8TH AVE

City NEW LISBON	State WI	Zip Code 53950
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period
200.00

Memo Item

C. PAULL 329, RICHARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2350 INDIAN CREEK BLVD W
APT D219

City VERO BEACH	State FL	Zip Code 32966
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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: (check only one)	PAGE 71 OF 119
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PAVEL 921, MARILYN R, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3555 SILVERGATE PL

City SAN DIEGO	State CA	Zip Code 92106
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 19 / 2016
Transaction ID : SA11AI.4923

Amount of Each Receipt this Period
 100.00

Memo Item

B. PELSTER 927, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1414 E 20TH ST

City SANTA ANA	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2016
Transaction ID : SA11AI.4925

Amount of Each Receipt this Period
 100.00

Memo Item

C. PERKINS 925, CAROL, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14030 JUDY ANN DR

City RIVERSIDE	State CA	Zip Code 92503
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 03 / 2016
Transaction ID : SA11AI.4927

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 72 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PETKUS 604, DONALD M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12401 ARCHER AVE

City LEMONT	State IL	Zip Code 60439
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FUNERAL DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period
100.00

Memo Item

B. PHILLIPS 773, BISHOP, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21157 PINETEX ST

City NEW CANEY	State TX	Zip Code 77357
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2016

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
100.00

Memo Item

C. PINKERTON 456, GLEN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 ALMA OMEGA RD

City WAVERLY	State OH	Zip Code 45690
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MEAD PAPER CO	Occupation (for Individual) TRUCK DRIVER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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: (check only one)	PAGE 73 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PLEAKE 799, KENNETH F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3125 ZION LN

City EL PASO	State TX	Zip Code 79904
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2016

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period
100.00

Memo Item

B. PLEAKE 799, KENNETH F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3125 ZION LN

City EL PASO	State TX	Zip Code 79904
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2016

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
60.00

Memo Item

C. PLOTE 750, LYNN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6409 SAN MARINO DR

City ROWLETT	State TX	Zip Code 75089
-----------------	-------------	-------------------

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

Name of Employer (for Individual) DIOCESE OF EL PASO	Occupation (for Individual) MINISTRY SPECIALIST
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	260.00
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: (check only one)	PAGE 74 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PRINE 724, DELLA A, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2919 N CULBERHOUSE ST
 City JONESBORO State AR Zip Code 72401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.4937
 Amount of Each Receipt this Period 50.00
 Memo Item

B. PUSTA 855, LENORA H, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 138 W SUNFLOWER DR
 City PAYSON State AZ Zip Code 85541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11AI.4939
 Amount of Each Receipt this Period 50.00
 Memo Item

C. QUERY 461, EDWARD D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 PLANTATION CT
 City MARTINSVILLE State IN Zip Code 46151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 23 / 2016
Transaction ID : SA11AI.4941
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 75 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. RADTKE 530, MARILYN M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W176N12452 FOND DU LAC AVE
 City GERMANTOWN State WI Zip Code 53022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) W@E RADTKE Occupation (for Individual) OFFICE WORKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4942
 Amount of Each Receipt this Period 75.00
 Memo Item

B. RANDALL 956, BONNIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8636 CASTLE CREEK DR
 City ROSEVILLE State CA Zip Code 95661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2016
Transaction ID : SA11AI.4944
 Amount of Each Receipt this Period 200.00
 Memo Item

C. REGISTER 302, AMELIA M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 447 LESTER RD
 City FAYETTEVILLE State GA Zip Code 30215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.4946
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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: (check only one)	PAGE 76 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. REIN 775, DORIS, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9318 N MAIN ST

City BAYTOWN	State TX	Zip Code 77521
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

Transaction ID : SA11AI.4947

Amount of Each Receipt this Period
50.00

Memo Item

B. RICARD 917, ROBERT J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 INVERNESS PL

City GLENDORA	State CA	Zip Code 91741
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period
100.00

Memo Item

C. RICARD 917, ROBERT J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 INVERNESS PL

City GLENDORA	State CA	Zip Code 91741
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2016

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 77 OF 119
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. RICE 376, OLGA M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 TOKIBE ST
 City ELIZABETHTON State TN Zip Code 37643
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 28 / 2016
Transaction ID : SA11AI.4951
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. ROBERT 708, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 HERMADEL DR
 City BATON ROUGE State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2016
Transaction ID : SA11AI.4952
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. ROBERT 708, NORMAN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 HERMADEL DR
 City BATON ROUGE State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2016
Transaction ID : SA11AI.4953
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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: (check only one)	PAGE 78 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ROBINSON 450, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7324 LEISURE LN

City MASON	State OH	Zip Code 45040
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period
400.00

Memo Item

B. ROGERS 365, JOAN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 SPANISH FORT BLVD
APT 55

City SPANISH FORT	State AL	Zip Code 36527
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period
175.00

Memo Item

C. ROGERS 365, JOAN H, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 CRESTVIEW CIR

City DAPHNE	State AL	Zip Code 36526
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : SA11AI.4958

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	675.00
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: (check only one)	PAGE 79 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. ROGERS 757, LOU, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 ALTA MIRA DR
 City TYLER State TX Zip Code 75701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 11 / 2016**
Transaction ID : SA11AI.4960
 Amount of Each Receipt this Period 500.00
 Memo Item

B. ROSE 437, RUTH, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 GREENACRE DR
 City CAMBRIDGE State OH Zip Code 43725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 23 / 2016**
Transaction ID : SA11AI.4962
 Amount of Each Receipt this Period 50.00
 Memo Item

C. RYAN 782, JOHN W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 W NOTTINGHAM DR APT 119
 City SAN ANTONIO State TX Zip Code 78209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 07 / 2016**
Transaction ID : SA11AI.4964
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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: (check only one)	PAGE 80 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SARKISIAN 113, STEVEN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 SEASONGOOD RD

City FLUSHING	State NY	Zip Code 11375
------------------	-------------	-------------------

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

Name of Employer (for Individual) US POSTAL SERVICE	Occupation (for Individual) POSTAL WORKER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA11AI.4966

Amount of Each Receipt this Period
100.00

Memo Item

B. SCHROEDL 606, ELIZABETH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5043 W GRACE ST

City CHICAGO	State IL	Zip Code 60641
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4968

Amount of Each Receipt this Period
100.00

Memo Item

C. SCHRYVER 028, GERALD H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 519

City NEWPORT	State RI	Zip Code 02840
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2016

Transaction ID : SA11AI.4969

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 81 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SCUDERI 902, LEONARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 GAUCHO DR
 City ROLLING HILLS ESTA State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHYSICIAN Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.4971
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SCUDERI 902, LEONARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 GAUCHO DR
 City ROLLING HILLS ESTA State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PHYSICIAN Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 27 / 2016
Transaction ID : SA11AI.4972
 Amount of Each Receipt this Period 25.00
 Memo Item

C. SHOPE 175, TERRENCE D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 ENDSLOW RD
 City MARIETTA State PA Zip Code 17547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2016
Transaction ID : SA11AI.4974
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
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: (check only one)	PAGE 82 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SILVA 949, WILLIAM E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 VOLKERS DR

City PETALUMA	State CA	Zip Code 94952
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period
100.00

Memo Item

B. SLOWEY 373, IRIS, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 EPPERSON ST

City ATHENS	State TN	Zip Code 37303
----------------	-------------	-------------------

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

Name of Employer (for Individual) AKRON PEDIATRICS	Occupation (for Individual) MEDICAL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
250.00

Memo Item

C. SMITH 215, LARRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 S 7TH ST

City OAKLAND	State MD	Zip Code 21550
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.00
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: (check only one)	PAGE 83 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SMITH 215, LARRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 S 7TH ST

City OAKLAND	State MD	Zip Code 21550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period
75.00

Memo Item

B. SMITH 378, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3184 ROY MESSER HWY

City WHITE PINE	State TN	Zip Code 37890
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
200.00

Memo Item

C. SMITH 532, BARBARA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 E HAMPSHIRE ST

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

Transaction ID : SA11AI.4984

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	775.00
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: (check only one)	PAGE 84 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SNIDER 373, IRIS G, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 EPPERSON ST

City ATHENS	State TN	Zip Code 37303
----------------	-------------	-------------------

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

Name of Employer (for Individual) AKRON PEDIATRICS	Occupation (for Individual) MEDICAL
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		18		2016

Transaction ID : SA11AI.4986

Amount of Each Receipt this Period
75.00

Memo Item

B. SNYDER 735, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 SUNSET TRL

City SNYDER	State OK	Zip Code 73566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period
200.00

Memo Item

C. SONDEIMER 801, DAVID H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2810 HIWALL CT

City CASTLE ROCK	State CO	Zip Code 80109
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
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: (check only one)	PAGE 85 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SPAULDING 943, JEANNE M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 E CRESCENT DR

City PALO ALTO	State CA	Zip Code 94301
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2016

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period
25.00

Memo Item

B. STALTER 151, MAX, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 435 LINWOOD DR

City BETHEL PARK	State PA	Zip Code 15102
---------------------	-------------	-------------------

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

Name of Employer (for Individual) RE/MAX	Occupation (for Individual) REALTOR
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period
100.00

Memo Item

C. STEGER 244, DONALD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2875

City STAUNTON	State VA	Zip Code 24402
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CPA
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	225.00
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: (check only one)	PAGE 86 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. STEPHENSON 238, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 23

City CARSON State VA Zip Code 23830

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2016

Transaction ID : SA11AI.4997

Amount of Each Receipt this Period
100.00

Memo Item

B. STOBBE 495, JOANNE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2472 BLANCHARD ST SW

City WYOMING State MI Zip Code 49519

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

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2016

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period
100.00

Memo Item

C. STUECKLE 980, CLAYTON, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 RAILROAD AVE S

City KENT State WA Zip Code 98032

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

Name of Employer (for Individual) DSN MARKETING ENTERPRISES INC Occupation (for Individual) PRESIDENT

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2016

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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: (check only one)	PAGE 87 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SUN 932, DANA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 276

City THREE RIVERS	State CA	Zip Code 93271
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CARE GIVER	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period
300.00

Memo Item

B. SUNDSTROM 660, RUTH E, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2057 SAND CREEK TER

City OTTAWA	State KS	Zip Code 66067
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DAIRY FARMER
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

Transaction ID : SA11AI.5003

Amount of Each Receipt this Period
450.00

Memo Item

C. TAVERNETTI 891, TERRELL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5903 BUFF BAY ST

City LAS VEGAS	State NV	Zip Code 89148
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : SA11AI.5005

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 88 OF 119
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. THIBAUT 015, MARC, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 14
 City N UXBRIDGE State MA Zip Code 01538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THIBAUT ELECTRIC INC Occupation (for Individual) BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 26 / 2016
Transaction ID : SA11AI.5007
 Amount of Each Receipt this Period 100.00
 Memo Item

B. THOMPSON 704, ROBERT Y, , MR, III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 HICKORY ST
 City AMITE State LA Zip Code 70422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THOMPSON SERVICES INC Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.5009
 Amount of Each Receipt this Period 100.00
 Memo Item

C. THOMPSON 780, CHARLOTTE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 GUADALUPE ST APT 1D
 City KERRVILLE State TX Zip Code 78028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 21 / 2016
Transaction ID : SA11AI.5011
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 400.00
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 89 OF 119
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. TIPPIT 754, SHERRIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3387 COUNTY ROAD 3110
 City GREENVILLE State TX Zip Code 75402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TIPPIT INSURANCE CO Occupation (for Individual) INSURANCE BROKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2016
Transaction ID : SA11AI.5013
 Amount of Each Receipt this Period 100.00
 Memo Item

B. TRAWICK 290, ARCHIE W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 JAKES LANDING RD STE 2
 City LEXINGTON State SC Zip Code 29072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JINKS LANDING Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 28 / 2016
Transaction ID : SA11AI.5015
 Amount of Each Receipt this Period 100.00
 Memo Item

C. TRUXTON 083, MILTON, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1931 LITTLE BRIDGE RD
 City MILLVILLE State NJ Zip Code 08332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 19 / 2016
Transaction ID : SA11AI.5017
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 90 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. VEACH 267, HERBERT A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RR 1 BOX 11AA

City AUGUSTA	State WV	Zip Code 26704
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : SA11AI.5019

Amount of Each Receipt this Period
400.00

Memo Item

B. VOLMER 410, STELLA L, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 162 KENTUCKY DR

City NEWPORT	State KY	Zip Code 41071
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2016

Transaction ID : SA11AI.5020

Amount of Each Receipt this Period
100.00

Memo Item

C. WALL 770, HENRY, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6025 JESSAMINE ST

City HOUSTON	State TX	Zip Code 77081
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PICKERING LLC	Occupation (for Individual) ENGINEER
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : SA11AI.5021

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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: (check only one)	PAGE 91 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WALL 770, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 JESSAMINE ST
 City HOUSTON State TX Zip Code 77081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PICKERING LLC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 22 / 2016
Transaction ID : SA11AI.5022
 Amount of Each Receipt this Period 25.00
 Memo Item

B. WALL 770, HENRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 JESSAMINE ST
 City HOUSTON State TX Zip Code 77081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PICKERING LLC Occupation (for Individual) ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 22 / 2016
Transaction ID : SA11AI.5023
 Amount of Each Receipt this Period 25.00
 Memo Item

C. WALL 770, MARIAN M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11306 SAGEBURROW DR
 City HOUSTON State TX Zip Code 77089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 29 / 2016
Transaction ID : SA11AI.5025
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 92 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WALTON 483, MIRIAM, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23205 FARMINGTON RD

City FARMINGTON	State MI	Zip Code 48336
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period
100.00

Memo Item

B. WARDELL 680, LINDA J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 S 32ND ST

City BLAIR	State NE	Zip Code 68008
---------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MEDICAL STAFFER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

Transaction ID : SA11AI.5029

Amount of Each Receipt this Period
150.00

Memo Item

C. WEIGLE 770, ROBERT A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 FANNIN ST STE 722

City HOUSTON	State TX	Zip Code 77002
-----------------	-------------	-------------------

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

Name of Employer (for Individual) David C. Bentlif & Co., Inc.	Occupation (for Individual) Adjuster
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : SA11AI.5031

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 93 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WEISS 981, FREDERIC, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1402 3RD AVE STE 601

City SEATTLE	State WA	Zip Code 98101
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2016

Transaction ID : SA11AI.5032

Amount of Each Receipt this Period
150.00

Memo Item

B. WESTCOTT 395, MARVIN C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 BEACH DR
UNIT 109

City GULFPORT	State MS	Zip Code 39507
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	05	/	2016

Transaction ID : SA11AI.5034

Amount of Each Receipt this Period
100.00

Memo Item

C. WHITE 219, DANNY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 HILLCREST LANE

City ELKTON	State MD	Zip Code 21921
----------------	-------------	-------------------

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

Name of Employer (for Individual) THERMAL TRANSFER COMPOSITES	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2016

Transaction ID : SA11AI.5036

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 94 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WHITE 790, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1113 SPRINGFIELD AVE

City FRIONA	State TX	Zip Code 79035
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period
200.00

Memo Item

B. WHITE 790, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1113 SPRINGFIELD AVE

City FRIONA	State TX	Zip Code 79035
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : SA11AI.5039

Amount of Each Receipt this Period
50.00

Memo Item

C. WHITE 790, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1113 SPRINGFIELD AVE

City FRIONA	State TX	Zip Code 79035
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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: (check only one)	PAGE 95 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WIEBE 972, CELIA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5202 N EMERSON DR

City PORTLAND	State OR	Zip Code 97217
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
25.00

Memo Item

B. WIGGINS 277, ELIZABETH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5715 GREENBAY DR

City DURHAM	State NC	Zip Code 27712
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2016

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
75.00

Memo Item

C. WILSON 080, NANCY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 SEVENTH ST

City SALEM	State NJ	Zip Code 08079
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		04		2016

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 96 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WILSON 080, NANCY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 SEVENTH ST

City SALEM	State NJ	Zip Code 08079
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2016

Transaction ID : SA11AI.5046

Amount of Each Receipt this Period
100.00

Memo Item

B. WILSON 080, NANCY A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 SEVENTH ST

City SALEM	State NJ	Zip Code 08079
---------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

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
09		22		2016

Transaction ID : SA11AI.5047

Amount of Each Receipt this Period
50.00

Memo Item

C. WILSON 775, SANDRA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 E CRESTMONT DR

City ALVIN	State TX	Zip Code 77511
---------------	-------------	-------------------

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

Name of Employer (for Individual) PERSPECTIVES BY SANDY LLC	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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: (check only one)	PAGE 97 OF 119
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. WOLHAUPTER 902, CHARLES K, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 425

City MALIBU	State CA	Zip Code 90265
----------------	-------------	-------------------

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

Name of Employer (for Individual) FISKE LEAPWOOD FLOWERS LLC	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2016

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period
100.00

Memo Item

B. WRIGHT 630, RALPH, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 SUMMER OAK DR

City BALLWIN	State MO	Zip Code 63021
-----------------	-------------	-------------------

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

Name of Employer (for Individual) US GOVERNMENT	Occupation (for Individual) GOVERNMENT EMPLOYEE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2016

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period
100.00

Memo Item

C. YEAMAN 940, SCOTT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 969 LA MESA TER
UNIT A

City SUNNYVALE	State CA	Zip Code 94086
-------------------	-------------	-------------------

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

Name of Employer (for Individual) YEAMAN AUTO BODY INC	Occupation (for Individual) COMPANY OFFICER
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Transaction ID : SA11AI.5053

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 98 OF 119
	<input checked="" 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 type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YODER 465, ORVAN, , ,

Mailing Address PO BOX 144

City TOPEKA State IN Zip Code 46571

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

Name of Employer (for Individual) OK SAW AND TOOL INC Occupation (for Individual) BUSINESSMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2016

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period
50.00

Memo Item

B. 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

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).....▶	50.00
TOTAL This Period (last page this line number only).....▶	39291.00

**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 99 OF 119
<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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. INFOCISION MANAGEMENT CORP
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 SPRINGSIDE DRIVE
 City AKRON State OH Zip Code 44333
 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 ▼
 3783.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2016
Transaction ID : SA17.5055
 Amount of Each Receipt this Period
 1506.06
 Memo Item
LIST RENTAL INCOME

B.
 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

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).....▶	1506.06
TOTAL This Period (last page this line number only).....▶	1506.06

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5060 Amount of Each Disbursement this Period [REDACTED] 818.74
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5061 Amount of Each Disbursement this Period [REDACTED] 2283.94
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement INTERCHANGE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 07 / 05 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5062 Amount of Each Disbursement this Period [REDACTED] 51.71
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement MERCHANT DISCOUNT FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 3154.39

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement USA ePAY

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 07 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5063

Amount of Each Disbursement this Period: 20.00

Memo Item

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement ACCOUNT ANALYSIS FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5064

Amount of Each Disbursement this Period: 227.04

Memo Item

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement AMEX COLLECTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5065

Amount of Each Disbursement this Period: 7.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 254.99

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.5066 Amount of Each Disbursement this Period 926.03
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.5067 Amount of Each Disbursement this Period 2163.63
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement INTERCHANGE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.5068 Amount of Each Disbursement this Period 50.21
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement MERCHANT DISCOUNT FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	3139.87
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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5069 Amount of Each Disbursement this Period [REDACTED] 288.18
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement AMEX DISCOUNT FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5070 Amount of Each Disbursement this Period [REDACTED] 20.00
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement USA ePAY		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 08 / 12 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5071 Amount of Each Disbursement this Period [REDACTED] 437.65
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement ACCOUNT ANALYSIS FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 745.83
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 02 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5072 Amount of Each Disbursement this Period [REDACTED] 7.95
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement AMEX COLLECTION FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5073 Amount of Each Disbursement this Period [REDACTED] 312.48
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement AMEX DISCOUNT FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5074 Amount of Each Disbursement this Period [REDACTED] 980.05
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1300.48
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5075 Amount of Each Disbursement this Period 2566.42
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement INTERCHANGE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5076 Amount of Each Disbursement this Period 58.18
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement MERCHANT DISCOUNT FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5077 Amount of Each Disbursement this Period 20.00
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement USA ePAY		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2644.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [] Transaction ID : SB21B.5078
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement ACCOUNT ANALYSIS FEE		Amount of Each Disbursement this Period [] 447.03
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:		

Full Name (Last, First, Middle Initial) B. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 2776 S ARLINGTON MILL DRIVE NUM 806		FEC Identification Number C [] Transaction ID : SB21B.5079
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		Amount of Each Disbursement this Period [] 3500.00
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:		

Full Name (Last, First, Middle Initial) C. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 08 / 03 / 2016
Mailing Address 2776 S ARLINGTON MILL DRIVE NUM 806		FEC Identification Number C [] Transaction ID : SB21B.5080
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		Amount of Each Disbursement this Period [] 3500.00
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7447.03
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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5081

Amount of Each Disbursement this Period: 3500.00

Memo Item

B. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5082

Amount of Each Disbursement this Period: 3500.00

Memo Item

C. PARAMOUNT COMMUNICATION GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 525 K EAST MARKET STREET #114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
eMAIL SOLICITATIONS

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.5083

Amount of Each Disbursement this Period: 2984.61

Memo Item

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

9984.61

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. PARAMOUNT COMMUNICATION GROUP		Date of Disbursement MM / DD / YYYY 08 / 18 / 2016
Mailing Address 525 K EAST MARKET STREET #114		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5084 Amount of Each Disbursement this Period 2839.57
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement eMAIL SOLICITATIONS		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PARAMOUNT COMMUNICATION GROUP		Date of Disbursement MM / DD / YYYY 09 / 15 / 2016
Mailing Address 525 K EAST MARKET STREET #114		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5085 Amount of Each Disbursement this Period 1701.19
City LEESBURG	State VA	Zip Code 20176
Purpose of Disbursement eMAIL SOLICITATIONS		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RAISE THE MONEY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2016
Mailing Address PO BOX 26466		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5086 Amount of Each Disbursement this Period 8.11
City LITTLE ROCK	State AR	Zip Code 72221
Purpose of Disbursement CREDIT CARD PROCESSING FEE		Category/ Type [REDACTED]
Candidate Name		
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:	<input type="checkbox"/> Memo Item	

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

4548.87

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. STRATEGIC CAMPAIGN GROUP

Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN STREET
SUITE 310

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement DATA PROCESSING; MAINTENANCE & FILE WORK

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY
08 / 03 / 2016

FEC Identification Number C

Transaction ID : SB21B.5087

Amount of Each Disbursement this Period 530.07

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	530.07
TOTAL This Period (last page this line number only).....▶	35111.73

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 111 OF 119
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP			Nature of Debt (Purpose): VOTER CONTACT CALLS
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID : SD10.6363	
Amount Incurred This Period <input type="text" value="56430.76"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="56430.76"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="56430.76"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="56430.76"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="56430.76"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
75402.44
Transaction ID : SE.6357
Date of Disbursement or Obligation
07 / 18 / 2016
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
75402.44
Transaction ID : SE.6884
Date of Disbursement or Obligation
07 / 18 / 2016
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
75402.44
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004		Transaction ID : SE.6358
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 133809.15		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004		Transaction ID : SE.6885
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 133809.15		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 18701.03
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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.

MACKENZIE, SCOTT B, , [Electronically Filed]
Signature Date / /

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6359
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6886
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
61086.75
Transaction ID : SE.6360
Date of Disbursement or Obligation
08 / 17 / 2016
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
61086.75
Transaction ID : SE.6887
Date of Disbursement or Obligation
08 / 17 / 2016
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
61086.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
61369.69
Transaction ID : SE.6361
Date of Disbursement or Obligation
08 / 29 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
President
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Date of Public Distribution/Dissemination
07 / 09 / 2016
Amount
61369.69
Transaction ID : SE.6888
Date of Disbursement or Obligation
08 / 29 / 2016
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
61369.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,
[Electronically Filed]
Date
10 / 02 / 2019
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00566174 </div>
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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 <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52630.34</div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.6362 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">393569.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52630.34</div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : SE.6889 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">393569.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">52630.34</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	56430.76
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		393569.24	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/Type <input type="text"/>	<input type="text"/>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	393569.24

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MACKENZIE, SCOTT B, , [Electronically Filed] Date / /

Signature