24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	
	C C00524454
Check if 24-hour report 48-hour report New report Amends	report filed on 12 06 2016
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	0.00
AKRON OH 44321	Transaction ID : SE.4487 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type	004 08 14 2012
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
OBAMA, BARAK HUSSEIN, , ,	
Calendar Year-To-Date Per Election for Office Sought 497118.91	Disbursement For: Primary 2012
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Suppo	rt Office Sought: House District:
Oppos	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , ,	M M / D D / Y Y Y Y
[Electronically Filed] Signature	Date 12 06 2016

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SE Transaction ID: SE.4487

THE COMMITTEE OVER-REPORTED IES ON THIS FORM 24 AND IS ZEROING-OUT THIS NOTICE.

Form/Schedule: Transaction ID: