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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
AME 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 of	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
HINES DIGITAL	02 11 2019
Mailing Address 6 HOLLIBEN CT	Amount
City State Zip Code	15000.00
	Transaction ID : SE.4121 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS Category/ Type 004	02 / 11 / 2019
Name of Federal Candidate Support Office	Sought: House District:00
TRUMP, DONALD J, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disburd 2020	sement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Durance of Europediture	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	rsement For: Primary General
Per Election for Office Sought	Other (specify) -
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(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , , [Electronically Filed] Date 02	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	