

# 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**  
 Check if different than previously reported. (ACC) **ARLINGTON VA 22206**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00566174** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2017 through  /  /  2017

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  /  /  2017

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)

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="2017"/>		12237.51
(b) Cash on Hand at Beginning of Reporting Period.....	12237.51	
(c) Total Receipts (from Line 19) .....	620768.91	620768.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	633006.42	633006.42
7. Total Disbursements (from Line 31).....	598908.46	598908.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34097.96	34097.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	49643.00	49643.00
(ii) Unitemized .....	571125.91	571125.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	620768.91	620768.91
(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) .....	620768.91	620768.91
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.).....	0.00	0.00
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)).....▶	620768.91	620768.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	620768.91	620768.91

**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 .....	140688.26	140688.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	140688.26	140688.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	458220.20	458220.20
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)) ..	598908.46	598908.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	598908.46	598908.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	620768.91	620768.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	620768.91	620768.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	140688.26	140688.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	140688.26	140688.26

**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 110
	<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. ALBERT 940, JERROLD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2503 PARK RD

City REDWOOD CITY	State CA	Zip Code 94062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALTOS REPROGRAPHICS	Occupation (for Individual) RETAILER
--	---

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
05	/	26	/	2017

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. ALEXANDER 431, CARL A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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:  
 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
01	/	23	/	2017

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. ALEXANDER 431, CARL A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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:  
 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
04	/	12	/	2017

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 110
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. ALFANO 105, ANNA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 MOSEMAN AVE  
 City KATONAH State NY Zip Code 10536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIEMENS HEALTHCARE Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 16 / 2017  
**Transaction ID : SA11AI.4412**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. ALFANO 105, ANNA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 73 MOSEMAN AVE  
 City KATONAH State NY Zip Code 10536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SIEMENS HEALTHCARE Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.4413**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. ALLEN 134, TOM T, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3913 CIRCLE DR  
 City ONEIDA State NY Zip Code 13421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ONADOGA COUNTY Occupation (for Individual) ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 05 / 2017  
**Transaction ID : SA11AI.4432**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 110
	<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. ANDERSON 780, KURT, , MR,**  
Mailing Address 8656 WILLOW WIND DR

City BOERNE	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) SALES
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  
02 / 01 / 2017  
**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. ASSMAN 692, CHRIS, , MR,**  
Mailing Address 28698 SAGE RD

City VALENTINE	State NE	Zip Code 69201
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) AB INVESTIGATIONS		Occupation (for Individual) PRINCIPAL
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  
05 / 08 / 2017  
**Transaction ID : SA11AI.4879**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. BAKER 042, EDWIN, , MR,**  
Mailing Address 31 CEDAR POINT RD

City WAYNE	State ME	Zip Code 04284
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  
05 / 24 / 2017  
**Transaction ID : SA11AI.5039**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> 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 110
	<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. BARFIELD 775, SHERRIE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2106 N PALM CT  
 City PASADENA State TX Zip Code 77502  
 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 04 / 24 / 2017  
**Transaction ID : SA11AI.5150**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BARTLEY 773, ROBERT C, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.5265**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BARTLITT 801, JANA K, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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) BOARDS OF BUSINESS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2017  
**Transaction ID : SA11AI.5267**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 110
	<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. 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. <b>C</b>		
Name of Employer (for Individual) BOARDS OF BUSINESS		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>500.00</b>

Date of Receipt  
**03 / 14 / 2017**  
**Transaction ID : SA11AI.5268**

Amount of Each Receipt this Period  
**250.00**

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. <b>C</b>		
Name of Employer (for Individual) BOARDS OF BUSINESS		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>800.00</b>

Date of Receipt  
**06 / 28 / 2017**  
**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**C. BAY 320, JAMES, , MR,**  
Mailing Address 252 BRIDGEPORT LN

City ELKTON	State FL	Zip Code 32033
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>250.00</b>

Date of Receipt  
**03 / 06 / 2017**  
**Transaction ID : SA11AI.5375**

Amount of Each Receipt this Period  
**250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</b>
<b>TOTAL</b> 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 110
	<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. BEHAL 782, KATHLEEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 VENICE  
 City SAN ANTONIO State TX Zip Code 78201  
 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  
 03 / 01 / 2017  
**Transaction ID : SA11AI.5519**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. BELLAMY 925, DON, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4891 RIVERVIEW DR  
 City RIVERSIDE State CA Zip Code 92509  
 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  
 05 / 12 / 2017  
**Transaction ID : SA11AI.5565**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. BERGMAN 631, JAN F, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7356 CORNELL AVE  
 City SAINT LOUIS State MO Zip Code 63130  
 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  
 05 / 19 / 2017  
**Transaction ID : SA11AI.5690**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 110
	<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. 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 ▼  
325.00

Date of Receipt  
06 / 01 / 2017  
**Transaction ID : SA11AI.5720**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. BERTRAM 762, CONNIE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1673 BARRINGTON HILLS BLVD

City BARTONVILLE State TX Zip Code 76226

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  
05 / 05 / 2017  
**Transaction ID : SA11AI.5748**

Amount of Each Receipt this Period  
250.00

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) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 28 / 2017  
**Transaction ID : SA11AI.5812**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> 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 110
<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. BOATSWAIN 112, VALARIE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 SCHENCK AVE

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

**Transaction ID : SA11AI.6124**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BRAULEY 410, JANE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 683 SILVER LEDGE DR

City NEWPORT	State KY	Zip Code 41076
-----------------	-------------	-------------------

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
02	/	14	/	2017

**Transaction ID : SA11AI.6608**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. BRAULEY 410, JANE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 683 SILVER LEDGE DR

City NEWPORT	State KY	Zip Code 41076
-----------------	-------------	-------------------

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
05	/	05	/	2017

**Transaction ID : SA11AI.6609**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> 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 110
	<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. BREWER 735, FRED R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 376

City ELGIN	State OK	Zip Code 73538
---------------	-------------	-------------------

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

Name of Employer (for Individual) BREWER SALES	Occupation (for Individual) PROPRIETOR
---	---

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
02		08		2017

**Transaction ID : SA11AI.6678**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BROWN 380, CLIFFORD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 WILLIAM BLAYDES ST

City ATOKA	State TN	Zip Code 38004
---------------	-------------	-------------------

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
04		04		2017

**Transaction ID : SA11AI.6844**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. BROWN 380, CLIFFORD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 WILLIAM BLAYDES ST

City ATOKA	State TN	Zip Code 38004
---------------	-------------	-------------------

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
06		12		2017

**Transaction ID : SA11AI.6845**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 110
	<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. BUDGICK 740, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12705 S 4230 RD

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2017

**Transaction ID : SA11AI.7037**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. BURKE 765, DICK, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2116 E STAGECOACH RD

City KILLEEN	State TX	Zip Code 76542
-----------------	-------------	-------------------

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
04	/	04	/	2017

**Transaction ID : SA11AI.7160**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CAMPBELL 600, WALTER D, , DR, MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1230 WESTVIEW RD

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

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

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

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
05	/	19	/	2017

**Transaction ID : SA11AI.7439**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> 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 110
	<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. CARTER 320, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3090 MONUMENT BAY RD

City SAINT AUGUSTINE	State FL	Zip Code 32092
-------------------------	-------------	-------------------

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
04	/	24	/	2017

**Transaction ID : SA11AI.7670**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. CARTER 320, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3090 MONUMENT BAY RD

City SAINT AUGUSTINE	State FL	Zip Code 32092
-------------------------	-------------	-------------------

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 ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2017

**Transaction ID : SA11AI.7672**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. CASSINGHAM 233, DOROTHY J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1146 WHITBURN TER

City CHESAPEAKE	State VA	Zip Code 23322
--------------------	-------------	-------------------

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
06	/	16	/	2017

**Transaction ID : SA11AI.7723**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> 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 110
	<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. 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
02		07		2017

**Transaction ID : SA11AI.7792**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. CHRISTNER 726, DANIEL L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7094 BLEVINS RD

City HARRISON	State AR	Zip Code 72601
------------------	-------------	-------------------

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 ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.8020**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CLARK 085, JAMES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 TURNBRIDGE CT

City JACKSON	State NJ	Zip Code 08527
-----------------	-------------	-------------------

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
04		21		2017

**Transaction ID : SA11AI.8071**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 18 OF 110
	<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. CLARK 085, JAMES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 TURNBRIDGE CT

City JACKSON	State NJ	Zip Code 08527
-----------------	-------------	-------------------

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
06		12		2017

**Transaction ID : SA11AI.8072**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.8200**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CODY 852, FRANCES, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7501 E THOMPSON PEAK PKWY  
UNIT 308

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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
03		28		2017

**Transaction ID : SA11AI.8209**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> 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 110
	<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. COLLINS 341, DUANE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1435 GORMICAN LN

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

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
05		22		2017

**Transaction ID : SA11AI.8302**

Amount of Each Receipt this Period  
250.00

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 ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : SA11AI.8314**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. COLSON 549, NORMAN L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1332 W PERSHING ST

City APPLETON	State WI	Zip Code 54914
------------------	-------------	-------------------

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
04		12		2017

**Transaction ID : SA11AI.8325**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> 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 20 OF 110
	<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. COLTRANE 177, LORETTA E, , MRS, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 205

City WOOLRICH	State PA	Zip Code 17779
------------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
02		23		2017

**Transaction ID : SA11AI.8331**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. COLTRANE 177, LORETTA E, , MRS, JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 205

City WOOLRICH	State PA	Zip Code 17779
------------------	-------------	-------------------

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 ▼  
505.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		26		2017

**Transaction ID : SA11AI.8332**

Amount of Each Receipt this Period  
205.00

Memo Item

**C. 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) COONLY LAW FIRM	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		07		2017

**Transaction ID : SA11AI.8456**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<b>TOTAL</b> 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 110
<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. 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) COONLY LAW FIRM Occupation (for Individual) ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 11 / 2017  
Transaction ID : SA11AI.8457

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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) COONLY LAW FIRM Occupation (for Individual) ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 12 / 2017  
Transaction ID : SA11AI.8458

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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) COONLY LAW FIRM Occupation (for Individual) ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
06 / 12 / 2017  
Transaction ID : SA11AI.8459

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 110
	<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. COUCH 244, RICHARD E, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13803 BIRDAVEN LN  
 City GROTTOES State VA Zip Code 24441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACHINE OPERATOR Occupation (for Individual) MACHINE OPERATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 29 / 2017  
**Transaction ID : SA11AI.8574**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. COUCH 986, JUSTIN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1637  
 City KALAMA State WA Zip Code 98625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARGILL Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2017  
**Transaction ID : SA11AI.8581**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. COYNE 463, JEROME D, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7825 W 400 N  
 City MICHIGAN CITY State IN Zip Code 46360  
 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 03 / 27 / 2017  
**Transaction ID : SA11AI.8675**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 110
	<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. COYNE 463, JEROME D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7825 W 400 N

City MICHIGAN CITY	State IN	Zip Code 46360
-----------------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

**Transaction ID : SA11AI.8676**

Amount of Each Receipt this Period  
50.00

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.8964**

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.9097**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 110
	<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. DAVIES 335, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8015 GIBSONTON DR

City GIBSONTON	State FL	Zip Code 33534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) CAROL STREAM AMUS	Occupation (for Individual) SUPERVISOR
--	---

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
06		23		2017

**Transaction ID : SA11AI.9132**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. DIKEOU 327, PAMELA A, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 487

City WINTER PARK	State FL	Zip Code 32790
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE 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
06		09		2017

**Transaction ID : SA11AI.9604**

Amount of Each Receipt this Period  
300.00

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 58106
---------------	-------------	-------------------

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

Name of Employer (for Individual) DIXON INSURANCE CO	Occupation (for Individual) CEO
---	------------------------------------

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
05		15		2017

**Transaction ID : SA11AI.9697**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 110
	<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. 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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2017

**Transaction ID : SA11AI.9718**

Amount of Each Receipt this Period  
350.00

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  
MM / DD / YYYY  
04 / 28 / 2017

**Transaction ID : SA11AI.9719**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. 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 ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2017

**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 110
	<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. DONOVAN 852, JOHN F, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7508 E MINNEZONA AVE  
 City SCOTTSDALE State AZ Zip Code 85251  
 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 05 / 29 / 2017  
**Transaction ID : SA11AI.9785**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. DWYER 871, KELLY, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 ANA CT NW  
 City ALBUQUERQUE State NM Zip Code 87120  
 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 06 / 23 / 2017  
**Transaction ID : SA11AI.10119**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. EDGERLY 021, LOIS, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 HIGHLAND ST  
 City CAMBRIDGE State MA Zip Code 02138  
 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 06 / 05 / 2017  
**Transaction ID : SA11AI.10236**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 110
<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. ESBENSHADE 747, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2174 HENDRIX RD

City COLBERT	State OK	Zip Code 74733
-----------------	-------------	-------------------

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

Name of Employer (for Individual) ESBENSHADE FARM	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
05		25		2017

**Transaction ID : SA11AI.10541**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. EVANS 660, JAMES P, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 CLINTON PKWY  
APT 1007

City LAWRENCE	State KS	Zip Code 66047
------------------	-------------	-------------------

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
04		10		2017

**Transaction ID : SA11AI.10616**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. EVANS 700, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4917 KINSLEY ST

City METAIRIE	State LA	Zip Code 70006
------------------	-------------	-------------------

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

Name of Employer (for Individual) EVANS LAW	Occupation (for Individual) SELF EMPLOYED
--	--

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
01		25		2017

**Transaction ID : SA11AI.10622**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 28 OF 110
	<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. FEE 100, BERNADETTE T, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653 E 14TH ST APT 11E

City NEW YORK	State NY	Zip Code 10009
------------------	-------------	-------------------

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  
 04 / 24 / 2017  
**Transaction ID : SA11AI.10827**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. FELIX 928, CHRIS, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18552 ALICE LN

City VILLA PARK	State CA	Zip Code 92861
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	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  
 01 / 25 / 2017  
**Transaction ID : SA11AI.10848**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. FENDER 193, RAYMOND, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1221 PAOLI PIKE

City WEST CHESTER	State PA	Zip Code 19380
----------------------	-------------	-------------------

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  
 01 / 25 / 2017  
**Transaction ID : SA11AI.10866**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 110
	<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. FIELDMAN 115, JOEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 TURF LN

City ROSLYN HEIGHTS	State NY	Zip Code 11577
------------------------	-------------	-------------------

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
03	/	02	/	2017

**Transaction ID : SA11AI.10958**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. FIELDMAN 115, JOEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 TURF LN

City ROSLYN HEIGHTS	State NY	Zip Code 11577
------------------------	-------------	-------------------

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2017

**Transaction ID : SA11AI.10959**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. FLOECK 782, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO	State TX	Zip Code 78260
---------------------	-------------	-------------------

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
03	/	06	/	2017

**Transaction ID : SA11AI.11130**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> 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 110
	<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. FLOECK 782, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO	State TX	Zip Code 78260
---------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

**Transaction ID : SA11AI.11131**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. FRUCHTNIKT 704, DONALD J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 BEAU CHENE DR

City MANDEVILLE	State LA	Zip Code 70471
--------------------	-------------	-------------------

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
06		05		2017

**Transaction ID : SA11AI.11523**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. GAGNIER 940, GRACE, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 LAUREL AVE

City BELMONT	State CA	Zip Code 94002
-----------------	-------------	-------------------

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
02		24		2017

**Transaction ID : SA11AI.11634**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 110
	<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. GARLAND 307, RICHARD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1921 FAIRINGTON DR

City DALTON	State GA	Zip Code 30720
----------------	-------------	-------------------

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

Name of Employer (for Individual) GARLAND SALES	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
03		23		2017

**Transaction ID : SA11AI.11757**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. GEBBERS 988, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 39

City BREWSTER	State WA	Zip Code 98812
------------------	-------------	-------------------

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

Name of Employer (for Individual) CHELAN FRESH MARKETING	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
01		27		2017

**Transaction ID : SA11AI.11883**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. GERSHIN 334, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5718 NW 24TH TER

City BOCA RATON	State FL	Zip Code 33496
--------------------	-------------	-------------------

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
03		27		2017

**Transaction ID : SA11AI.11970**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 110
	<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. GIBLIN 714, SUSAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1085 VANDEGAER AVE

City MANY	State LA	Zip Code 71449
--------------	-------------	-------------------

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

Name of Employer (for Individual) OWEN FUNERAL HOME	Occupation (for Individual) CUSTOMER SERVICE REP
--	---

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
05		17		2017

**Transaction ID : SA11AI.12013**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. GOOCH 641, GARY L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11015 NW CROOKED RD

City KANSAS CITY	State MO	Zip Code 64152
---------------------	-------------	-------------------

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
06		30		2017

**Transaction ID : SA11AI.12313**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. GRAHAM 284, ADAIR, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 545 ARBORETUM DR

City WILMINGTON	State NC	Zip Code 28405
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HOMEMAKER	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
05		24		2017

**Transaction ID : SA11AI.12436**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> 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 110
	<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. GROSSO 088, NANCY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 LONG HILL RD

City HILLSBOROUGH	State NJ	Zip Code 08844
----------------------	-------------	-------------------

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
04	/	17	/	2017

**Transaction ID : SA11AI.12721**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. GUESS 366, DAVE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 561 HOLCOMBE AVE

City MOBILE	State AL	Zip Code 36606
----------------	-------------	-------------------

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

Name of Employer (for Individual) ELECTRONIC SUPPLY	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
05	/	04	/	2017

**Transaction ID : SA11AI.12769**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. HAMBLET 201, SUSAN HARPER, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 DAVIS AVE SW

City LEESBURG	State VA	Zip Code 20175
------------------	-------------	-------------------

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
05	/	17	/	2017

**Transaction ID : SA11AI.13032**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 110
	<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. HAMBLET 201, SUSAN HARPER, , MS,**  
Mailing Address 119 DAVIS AVE SW

City LEESBURG	State VA	Zip Code 20175
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  
05 / 22 / 2017  
**Transaction ID : SA11AI.13033**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HATLEY 770, BRENNON, , MR,**  
Mailing Address 710 RUSTYLEAF LN

City HOUSTON	State TX	Zip Code 77090
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) JACOBSL		Occupation (for Individual) ENGINEER
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  
03 / 13 / 2017  
**Transaction ID : SA11AI.13390**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. HERR 160, DAVID, , MR,**  
Mailing Address 1203 VILLA DR APT B

City BUTLER	State PA	Zip Code 16001
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  
05 / 17 / 2017  
**Transaction ID : SA11AI.13751**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 110
	<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. HERR 170, PAUL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 ROBIN RD  
 City HERSHEY State PA Zip Code 17033  
 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 06 / 23 / 2017  
**Transaction ID : SA11AI.13755**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. HILTON 296, STEPHEN H, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 ROPER MOUNTAIN CT  
 City GREENVILLE State SC Zip Code 29615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HILTON DISPLAYS INC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2017  
**Transaction ID : SA11AI.13970**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. HOUSTON 770, WILLIAM, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16119 VILLA FONTANA WAY  
 City HOUSTON State TX Zip Code 77068  
 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 06 / 09 / 2017  
**Transaction ID : SA11AI.14367**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 110
	<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. JANZEN 807, ARVIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 EDISON ST

City BRUSH	State CO	Zip Code 80723
---------------	-------------	-------------------

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

Name of Employer (for Individual) A&R AUTOMOTIVE	Occupation (for Individual) 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
02		06		2017

**Transaction ID : SA11AI.14923**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. JANZEN 807, ARVIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 203 EDISON ST

City BRUSH	State CO	Zip Code 80723
---------------	-------------	-------------------

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

Name of Employer (for Individual) A&R AUTOMOTIVE	Occupation (for Individual) OWNER
---	--------------------------------------

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
04		12		2017

**Transaction ID : SA11AI.14924**

Amount of Each Receipt this Period  
400.00

Memo Item

**C. JANZEN 970, PAMELA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 160

City SANDY	State OR	Zip Code 97055
---------------	-------------	-------------------

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
05		17		2017

**Transaction ID : SA11AI.14927**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	805.00
<b>TOTAL</b> 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 110
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
JOHNSON 334, PATSY S, , MS,  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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  
01 / 20 / 2017  
**Transaction ID : SA11AI.15127**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
JOHNSON 334, PATSY S, , MS,  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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  
MM / DD / YYYY  
03 / 27 / 2017  
**Transaction ID : SA11AI.15128**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
JOHNSON 334, PATSY S, , MS,  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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 ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2017  
**Transaction ID : SA11AI.15129**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 110
	<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. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 837 S PARK TRAIL DR  
 City CARMEL State IN Zip Code 46032  
 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  
 02 / 28 / 2017  
**Transaction ID : SA11AI.15154**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 837 S PARK TRAIL DR  
 City CARMEL State IN Zip Code 46032  
 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  
 05 / 03 / 2017  
**Transaction ID : SA11AI.15155**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 837 S PARK TRAIL DR  
 City CARMEL State IN Zip Code 46032  
 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2017  
**Transaction ID : SA11AI.15156**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> 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 110
	<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. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 837 S PARK TRAIL DR  
 City CARMEL State IN Zip Code 46032  
 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 ▼ 1600.00

Date of Receipt 06 / 26 / 2017  
**Transaction ID : SA11AI.15157**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. JOHNSON 750, J M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2744 WAGONWHEEL CT  
 City CARROLLTON State TX Zip Code 75006  
 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 04 / 26 / 2017  
**Transaction ID : SA11AI.15204**  
 Amount of Each Receipt this Period 350.00  
 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 BUELL COMPANY Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 04 / 28 / 2017  
**Transaction ID : SA11AI.15329**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> 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 40 OF 110
	<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. 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 BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

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
05		04		2017

**Transaction ID : SA11AI.15330**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. 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 BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.15331**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. KANE 852, DENNIS E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14023 N WENDOVER DR

City FOUNTAIN HILLS	State AZ	Zip Code 85268
------------------------	-------------	-------------------

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
05		31		2017

**Transaction ID : SA11AI.15514**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> 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 41 OF 110
	(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. KELLY 112, THERESA K, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 95TH ST APT D1  
 City BROOKLYN State NY Zip Code 11209  
 Date of Receipt 04 / 12 / 2017  
 Transaction ID : SA11AI.15677  
 Amount of Each Receipt this Period 300.00  
 Memo Item   
 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

**B. KING 338, IVAN D, , MR, JR**  
 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  
 Date of Receipt 02 / 10 / 2017  
 Transaction ID : SA11AI.15862  
 Amount of Each Receipt this Period 150.00  
 Memo Item   
 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

**C. KING 338, IVAN D, , MR, JR**  
 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  
 Date of Receipt 04 / 12 / 2017  
 Transaction ID : SA11AI.15863  
 Amount of Each Receipt this Period 150.00  
 Memo Item   
 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

**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 42 OF 110
	<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. KIPP 951, LLOYD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1625 THE ALAMEDA  
STE 707

City SAN JOSE	State CA	Zip Code 95126
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	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
05		18		2017

**Transaction ID : SA11Al.15910**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. KURZET 926, ANNE L, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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
02		20		2017

**Transaction ID : SA11Al.16417**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. KURZET 926, ANNE L, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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
03		27		2017

**Transaction ID : SA11Al.16418**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 110
<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. KURZET 926, ANNE L, , MS,**  
Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
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 ▼ 750.00	

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2017  
**Transaction ID : SA11AI.16419**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. LANDSDORF 334, ROBERT M, , MR,**  
Mailing Address 12630 MALLET CIR

City WELLINGTON	State FL	Zip Code 33414
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 ▼ 305.00	

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2017  
**Transaction ID : SA11AI.16558**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. LAPP 175, SAMUEL, , MR,**  
Mailing Address 130 OCTORARA TRL

City GAP	State PA	Zip Code 17527
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) LAPP PAVING COMPANY		Occupation (for Individual) PRESIDENT
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  
03 / 27 / 2017  
**Transaction ID : SA11AI.16636**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> 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 110
	<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. LARSON 838, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 E CAMERON AVE

City KELLOGG	State ID	Zip Code 83837
-----------------	----------	-------------------

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
06		21		2017

**Transaction ID : SA11AI.16666**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. LAWRENCE 671, ANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2585 162ND RD

City OXFORD	State KS	Zip Code 67119
----------------	-------------	-------------------

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

Name of Employer (for Individual) LAWRENCE FARM	Occupation (for Individual) FARMER
--	---------------------------------------

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
04		11		2017

**Transaction ID : SA11AI.16753**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. LEACH 773, SARA B, , MRS,**  
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
06		27		2017

**Transaction ID : SA11AI.16806**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 45 OF 110
	<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. LECLERC 296, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13098 JANDA RD

City SENECA	State SC	Zip Code 29672
----------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2017

**Transaction ID : SA11AI.16843**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. LICHTER 334, VAL, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 LAKESHORE DR  
APT 1658

City NORTH PALM BEACH	State FL	Zip Code 33408
--------------------------	-------------	-------------------

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
02	/	02	/	2017

**Transaction ID : SA11AI.17096**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MACCHIO 117, PAUL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 LAKEWOOD RD

City LAKE RONKONKOMA	State NY	Zip Code 11779
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) HALLEN CONSTRUCTION	Occupation (for Individual) ENGINEER
--	---

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
04	/	03	/	2017

**Transaction ID : SA11AI.17591**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 46 OF 110
	<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. MATTHEWS 486, JOYCE, , MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 E 3RD ST

City PINCONNING	State MI	Zip Code 48650
--------------------	-------------	-------------------

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
03		14		2017

**Transaction ID : SA11AI.18120**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. MCCARTHY 797, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4514 ROBIN LN

City MIDLAND	State TX	Zip Code 79707
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PRIMITIVE PETROLEOM INC	Occupation (for Individual) PRESIDENT
--	--

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
05		24		2017

**Transaction ID : SA11AI.18268**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MCCARTHY 797, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4514 ROBIN LN

City MIDLAND	State TX	Zip Code 79707
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PRIMITIVE PETROLEOM INC	Occupation (for Individual) PRESIDENT
--	--

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
06		12		2017

**Transaction ID : SA11AI.18269**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> 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 110
<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. MCCONNAUGHY 007, MARGARET, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3000

City COAMO	State PR	Zip Code 00769
---------------	-------------	-------------------

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

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

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
06		07		2017

**Transaction ID : SA11AI.18333**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. MCCONNAUGHY 007, MARGARET, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3000

City COAMO	State PR	Zip Code 00769
---------------	-------------	-------------------

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

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

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
06		26		2017

**Transaction ID : SA11AI.18334**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MCKINNEY 967, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91-200 KAUHI ST

City KAPOLEI	State HI	Zip Code 96707
-----------------	-------------	-------------------

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

Name of Employer (for Individual) R&H MACH INC	Occupation (for Individual) MECHANIC
---	---

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
02		07		2017

**Transaction ID : SA11AI.18606**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 48 OF 110
<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. MEDNICK 548, JAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N13431 COUNTY LINE RD

City MINONG	State WI	Zip Code 54859
----------------	-------------	-------------------

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
06		28		2017

**Transaction ID : SA11AI.18741**

Amount of Each Receipt this Period  
105.00

Memo Item

**B. MEYER 553, TODD W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21821 INDUSTRIAL BLVD

City ROGERS	State MN	Zip Code 55374
----------------	-------------	-------------------

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

Name of Employer (for Individual) TWM CONSULTING	Occupation (for Individual) MANAGEMENT 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
06		09		2017

**Transaction ID : SA11AI.18908**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. MILLER 144, GREG, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 SUNSET DR

City LIVONIA	State NY	Zip Code 14487
-----------------	-------------	-------------------

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
03		16		2017

**Transaction ID : SA11AI.19027**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> 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 110
	<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. MILLER 158, GAYE E, , MS,**  
Mailing Address 109 HANEY RD

City BROOKVILLE	State PA	Zip Code 15825
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) MILLER WELDING & MACHINE CO	Occupation (for Individual) MANAGER	
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  
04 / 26 / 2017  
**Transaction ID : SA11AI.19038**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MINTON 217, DAVID S, , MR,**  
Mailing Address 7949 MCKAIG RD

City FREDERICK	State MD	Zip Code 21701
FEC ID number of contributing federal political committee. <b>C</b>		
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  
03 / 01 / 2017  
**Transaction ID : SA11AI.19217**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. MOORE 937, STEVE, , MR,**  
Mailing Address 466WEST FALLBROOK AVE  
SUITE 107

City FRESNO	State CA	Zip Code 93711
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) AGRICULTURE	Occupation (for Individual) SELF EMPLOYED	
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  
06 / 05 / 2017  
**Transaction ID : SA11AI.19412**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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 50 OF 110
	(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. MORRISON 773, ERNEST E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 EBNER LAKE DR

City MONTGOMERY	State TX	Zip Code 77316
--------------------	-------------	-------------------

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
04		12		2017

**Transaction ID : SA11AI.19545**

Amount of Each Receipt this Period  

250.00
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 Memo Item

**B. MOYER 218, ELLEN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7171 ELMO DRYDEN RD

City WESTOVER	State MD	Zip Code 21871
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2017

**Transaction ID : SA11AI.19617**

Amount of Each Receipt this Period  

105.00
--------

 Memo Item

**C. MURRAY 171, DONNA L, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6122 FORRESTAL CIR

City HARRISBURG	State PA	Zip Code 17112
--------------------	-------------	-------------------

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
02		17		2017

**Transaction ID : SA11AI.19776**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.00
<b>TOTAL</b> 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 110
	<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. MYERS 172, JANET E, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 S GRANT ST

City WAYNESBORO	State PA	Zip Code 17268
--------------------	-------------	-------------------

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
04		14		2017

**Transaction ID : SA11AI.19820**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. NEAL 245, GAIL, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 FOXMOOR PL

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

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
02		17		2017

**Transaction ID : SA11AI.19920**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. NEAL 245, GAIL, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 FOXMOOR PL

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

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
05		16		2017

**Transaction ID : SA11AI.19921**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 52 OF 110
	<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. NORDGREN 880, ELENA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 502

City HILLSBORO	State NM	Zip Code 88042
-------------------	-------------	-------------------

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
06		08		2017

**Transaction ID : SA11AI.20176**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. NORQUIST 223, WARREN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 FAIRBANKS AVE

City ALEXANDRIA	State VA	Zip Code 22311
--------------------	-------------	-------------------

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
05		01		2017

**Transaction ID : SA11AI.20203**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. OGDEN 770, MARY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10042 OLYMPIA DR

City HOUSTON	State TX	Zip Code 77042
-----------------	-------------	-------------------

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
05		29		2017

**Transaction ID : SA11AI.20353**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 110
	<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. 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. <b>C</b>		
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  
04 / 24 / 2017  
**Transaction ID : SA11AI.20503**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. OTTO 971, THELMA, , MRS,**  
Mailing Address 216 NW WEST HILLS DR

City MCMINNVILLE	State OR	Zip Code 97128
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 225.00	

Date of Receipt  
05 / 01 / 2017  
**Transaction ID : SA11AI.20571**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. PAPP 959, MICHAEL P, , MR,**  
Mailing Address 1369 EAST AVE

City CHICO	State CA	Zip Code 95926
FEC ID number of contributing federal political committee. <b>C</b>		
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  
03 / 29 / 2017  
**Transaction ID : SA11AI.20714**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 110
	<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. PINKERTON 456, GLEN B, , MR,**  
Mailing Address 759 ALMA OMEGA RD

City WAVERLY	State OH	Zip Code 45690
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HUMAN ARC		Occupation (for Individual) EXECUTIVE VP & CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>210.00</b>

Date of Receipt  
**06 / 23 / 2017**  
**Transaction ID : SA11AI.21369**

Amount of Each Receipt this Period  
**105.00**

Memo Item

**B. PREJEAN 706, GLENN J, , MR,**  
Mailing Address 7429 DUKE ST

City LAKE CHARLES	State LA	Zip Code 70607
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>250.00</b>

Date of Receipt  
**06 / 19 / 2017**  
**Transaction ID : SA11AI.21642**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**C. PULITO 341, DIANE K, , MS,**  
Mailing Address 15295 CORSINI LN

City NAPLES	State FL	Zip Code 34110
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HEALTH INSTUTUTE		Occupation (for Individual) SELF EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**05 / 08 / 2017**  
**Transaction ID : SA11AI.21762**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>405.00</b>
<b>TOTAL</b> 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 55 OF 110
	(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. RADIGAN 208, JAMES T, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5508 DORSET AVE

City CHEVY CHASE	State MD	Zip Code 20815
---------------------	-------------	-------------------

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
06		28		2017

**Transaction ID : SA11AI.21880**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. REA 756, MILLIE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12088 PRIVATE ROAD 2901D

City TATUM	State TX	Zip Code 75691
---------------	-------------	-------------------

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

Name of Employer (for Individual) LONGVIEW MED CTR	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
05		01		2017

**Transaction ID : SA11AI.22055**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. REDDY 062, VIVIAN G, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 N SHORE RD

City DAYVILLE	State CT	Zip Code 06241
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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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

**Transaction ID : SA11AI.22102**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 56 OF 110
	(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. REED 288, KARL F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 WESLEY DR  
APT 368

City ASHEVILLE State NC Zip Code 28803

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  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : SA11AI.22123**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. REUBEN 625, PHILLIP M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 537 N CAROLINA AVE

City DECATUR State IL Zip Code 62522

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

Name of Employer (for Individual) STATE OF ILLINOIS Occupation (for Individual) COMPUTER SYSTEMS ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2017

**Transaction ID : SA11AI.22315**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. RIDDLE 264, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 E 7TH ST

City WESTON State WV Zip Code 26452

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  
MM / DD / YYYY  
03 / 01 / 2017

**Transaction ID : SA11AI.22472**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> 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 110
	<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. RIDDLE 264, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 E 7TH ST

City WESTON	State WV	Zip Code 26452
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

**Transaction ID : SA11AI.22473**

Amount of Each Receipt this Period  
250.00

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
05	/	03	/	2017

**Transaction ID : SA11AI.22787**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. ROGERS 783, JANET K, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 E 11TH ST

City BISHOP	State TX	Zip Code 78343
----------------	-------------	-------------------

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
02	/	17	/	2017

**Transaction ID : SA11AI.22798**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> 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 110
	<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. ROWE 270, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 OLD US 52 S

City MOUNT AIRY	State NC	Zip Code 27030
--------------------	-------------	-------------------

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

Name of Employer (for Individual) HIGHWAY CONTRACTOR	Occupation (for Individual) SELF EMPLOYED
---	--

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
06		23		2017

**Transaction ID : SA11AI.23031**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. ROWLAND 638, ALLEN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18880 STATE HIGHWAY D

City DEXTER	State MO	Zip Code 63841
----------------	-------------	-------------------

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

Name of Employer (for Individual) MISSOURI FARM BUREAU	Occupation (for Individual) BOARD MEMBER
---	---

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
04		12		2017

**Transaction ID : SA11AI.23038**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. SALTER 350, KENT A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 GEORGE HEADLY RD

City LOCUST FORK	State AL	Zip Code 35097
---------------------	-------------	-------------------

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 ▼  
433.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2017

**Transaction ID : SA11AI.23257**

Amount of Each Receipt this Period  
333.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	733.00
<b>TOTAL</b> 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 59 OF 110
	<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. SAUNDERS 760, DENISE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LONDONDERRY LN

City MANSFIELD	State TX	Zip Code 76063
-------------------	-------------	-------------------

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
06		08		2017

**Transaction ID : SA11AI.23410**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SAUNDERS 760, DENISE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LONDONDERRY LN

City MANSFIELD	State TX	Zip Code 76063
-------------------	-------------	-------------------

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
06		27		2017

**Transaction ID : SA11AI.23411**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. SCHATKO 480, JOANN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17810 24 MILE RD

City MACOMB	State MI	Zip Code 48042
----------------	-------------	-------------------

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
01		30		2017

**Transaction ID : SA11AI.23528**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 110
	<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. SCHATKO 480, JOANN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17810 24 MILE RD

City MACOMB	State MI	Zip Code 48042
----------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.23529**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. SCHERTZING 492, MARK A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 CATHOLIC CHURCH RD

City STOCKBRIDGE	State MI	Zip Code 49285
---------------------	-------------	-------------------

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

Name of Employer (for Individual) LANDSCAPE CO	Occupation (for Individual) TRUCKER
---	--

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
03		29		2017

**Transaction ID : SA11AI.23570**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SCIROCCO 070, DIANE F, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 PALISADE AVE  
APT 23J

City FORT LEE	State NJ	Zip Code 07024
------------------	-------------	-------------------

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
02		13		2017

**Transaction ID : SA11AI.23866**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 61 OF 110
	<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. SCOTT 980, RODGER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20405 SE 344TH ST

City AUBURN	State WA	Zip Code 98092
----------------	-------------	-------------------

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

Name of Employer (for Individual) SCOTTIE'S GENERAL CONSTRUCTION	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
01	/	13	/	2017

**Transaction ID : SA11AI.23918**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SHARRATT 330, LAURA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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
02	/	16	/	2017

**Transaction ID : SA11AI.24102**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SHARRATT 330, LAURA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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
03	/	16	/	2017

**Transaction ID : SA11AI.24103**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> 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 110
<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. SHARRATT 330, LAURA, , MS,**  
Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>1100.00</b>

Date of Receipt  
**06 / 12 / 2017**  
**Transaction ID : SA11AI.24104**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B. SHARRATT 330, LAURA, , MS,**  
Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>1200.00</b>

Date of Receipt  
**06 / 16 / 2017**  
**Transaction ID : SA11AI.24105**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. SHORE 280, BRENDA, , MS,**  
Mailing Address 305 LARRY DR

City KANNAPOLIS	State NC	Zip Code 28083
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>300.00</b>

Date of Receipt  
**05 / 19 / 2017**  
**Transaction ID : SA11AI.24276**

Amount of Each Receipt this Period  
**200.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> 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 63 OF 110
	(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. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

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
01	/	13	/	2017

**Transaction ID : SA11AI.24598**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.24599**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

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 ▼  
755.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

**Transaction ID : SA11AI.24600**

Amount of Each Receipt this Period  
205.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	755.00
<b>TOTAL</b> 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 110
<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. SMITH 184, CHRISTINE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3091 WRIGHTER LAKE RD

City THOMPSON	State PA	Zip Code 18465
------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

**Transaction ID : SA11AI.24654**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SMITH 532, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 E HAMPSHIRE AVE

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

**Transaction ID : SA11AI.24770**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SMITH 532, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 E HAMPSHIRE AVE

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

**Transaction ID : SA11AI.24771**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 110
	<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. SMITH 984, EDWARD J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8412 20TH ST W

City UNIVERSITY PLACE	State WA	Zip Code 98466
--------------------------	-------------	-------------------

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
06		26		2017

**Transaction ID : SA11AI.24844**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. STANCZYK 801, ROMAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 S BANNOCK ST APT 3

City ENGLEWOOD	State CO	Zip Code 80110
-------------------	-------------	-------------------

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
02		17		2017

**Transaction ID : SA11AI.25190**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. STANCZYK 801, ROMAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3535 S BANNOCK ST APT 3

City ENGLEWOOD	State CO	Zip Code 80110
-------------------	-------------	-------------------

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 ▼  
505.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2017

**Transaction ID : SA11AI.25191**

Amount of Each Receipt this Period  
205.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.00
<b>TOTAL</b> 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 66 OF 110
	<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. STARCIC 113, IVAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 RIDGE RD

City DOUGLASTON	State NY	Zip Code 11363
--------------------	-------------	-------------------

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
06		16		2017

**Transaction ID : SA11AI.25226**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. STEENBERGEN 989, JULIAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8402 ZIER RD

City YAKIMA	State WA	Zip Code 98908
----------------	-------------	-------------------

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
05		04		2017

**Transaction ID : SA11AI.25297**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. STELLA 605, PAMELA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 HIDDEN LAKE DR

City BURR RIDGE	State IL	Zip Code 60527
--------------------	-------------	-------------------

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

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

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
06		07		2017

**Transaction ID : SA11AI.25332**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 110
	<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. 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) TRANSNATION TITLE AGENCY	Occupation (for Individual) ACCOUNTANT
---	---

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
05		31		2017

**Transaction ID : SA11AI.25454**

Amount of Each Receipt this Period  
250.00

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) TRANSNATION TITLE AGENCY	Occupation (for Individual) ACCOUNTANT
---	---

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
06		30		2017

**Transaction ID : SA11AI.25455**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. STONE 881, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

City PORTALES	State NM	Zip Code 88130
------------------	-------------	-------------------

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

Name of Employer (for Individual) JP STONE COMUNITY BANK	Occupation (for Individual) BANK 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
01		13		2017

**Transaction ID : SA11AI.25509**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 68 OF 110
<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. STONE 881, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

City PORTALES	State NM	Zip Code 88130
------------------	-------------	-------------------

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

Name of Employer (for Individual) JP STONE COMUNITY BANK	Occupation (for Individual) BANK MANAGER
---	---

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
05		24		2017

**Transaction ID : SA11AI.25510**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. STUBBLEFIELD 654, ANDREW L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 EVANS RD

City CUBA	State MO	Zip Code 65453
--------------	-------------	-------------------

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

Name of Employer (for Individual) CARE NETWORK HEATLH PROVIDERS	Occupation (for Individual) SELF EMPLOYED
--	--

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
05		22		2017

**Transaction ID : SA11AI.25648**

Amount of Each Receipt this Period  
500.00

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) SUPERIOR MANUFACTURING	Occupation (for Individual) BUSINESS OWNER
---	---

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
05		11		2017

**Transaction ID : SA11AI.25668**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 69 OF 110
	<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. SULLIVAN 067, RONALD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 304

City BRIDGEWATER	State CT	Zip Code 06752
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  
06 / 14 / 2017  
Transaction ID : SA11AI.25705

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SUSONG 305, BEBEE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 366 HOLLY CIR

City DAWSONVILLE	State GA	Zip Code 30534
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  
06 / 28 / 2017  
Transaction ID : SA11AI.25778

Amount of Each Receipt this Period  
105.00

Memo Item

**C. TAYLOR 321, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 358

City FORT MC COY	State FL	Zip Code 32134
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 ▼ 350.00

Date of Receipt  
04 / 12 / 2017  
Transaction ID : SA11AI.26024

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.00
<b>TOTAL</b> 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 110
	<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. 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) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : SA11AI.26275**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. TOPAR 043, RAYMOND R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 LAKEVIEW DR  
 City SOUTH CHINA State ME Zip Code 04358  
 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 06 / 14 / 2017  
**Transaction ID : SA11AI.26492**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. 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 ▼ 450.00

Date of Receipt 01 / 11 / 2017  
**Transaction ID : SA11AI.26576**  
 Amount of Each Receipt this Period 450.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> 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 110
	<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. 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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

**Transaction ID : SA11AI.26577**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. TUROWSKI 601, DANIEL M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 N PRATER AVE

City MELROSE PARK	State IL	Zip Code 60164
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MACHIN	Occupation (for Individual) CUSTOMER SERVICE REP
---	---

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
02	/	10	/	2017

**Transaction ID : SA11AI.26791**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. TUROWSKI 601, DANIEL M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 N PRATER AVE

City MELROSE PARK	State IL	Zip Code 60164
----------------------	-------------	-------------------

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

Name of Employer (for Individual) MACHIN	Occupation (for Individual) CUSTOMER SERVICE REP
---	---

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
04	/	12	/	2017

**Transaction ID : SA11AI.26792**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 110
	<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. VANCE 317, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 EAGLE DR

City TIFTON	State GA	Zip Code 31793
----------------	-------------	-------------------

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
01	/	27	/	2017

**Transaction ID : SA11AI.26970**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. VANCE 317, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 EAGLE DR

City TIFTON	State GA	Zip Code 31793
----------------	-------------	-------------------

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
06	/	20	/	2017

**Transaction ID : SA11AI.26971**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. VANHORN 206, BRUCE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2432 PINEFIELD RD

City WALDORF	State MD	Zip Code 20601
-----------------	-------------	-------------------

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
03	/	02	/	2017

**Transaction ID : SA11AI.27007**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 110
	<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. 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  
MM / DD / YYYY  
04 / 20 / 2017

**Transaction ID : SA11AI.27072**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. VICK 293, GLEN F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 SYDNOR RD

City SPARTANBURG State SC Zip Code 29307

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  
MM / DD / YYYY  
06 / 14 / 2017

**Transaction ID : SA11AI.27152**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. VLAD 853, DORELY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7702 W VILLA THERESA DR

City GLENDALE State AZ Zip Code 85308

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 ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017

**Transaction ID : SA11AI.27196**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 110
	<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. VLASZ 305, BARBARA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5031 SHIRLEY RD

City GAINESVILLE	State GA	Zip Code 30506
---------------------	-------------	-------------------

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
01	/	25	/	2017

**Transaction ID : SA11AI.27198**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. VOGT 671, MILDRED R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 IVY DR  
APT 105

City NORTH NEWTON	State KS	Zip Code 67117
----------------------	-------------	-------------------

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
06	/	27	/	2017

**Transaction ID : SA11AI.27217**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. WALKER 370, ROBERT H, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 FOREST ST

City LEWISBURG	State TN	Zip Code 37091
-------------------	-------------	-------------------

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
01	/	13	/	2017

**Transaction ID : SA11AI.27374**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> 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 110
	<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. WARD 780, ADELE R, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1073 PINNACLE VW E  
 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) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2017  
**Transaction ID : SA11AI.27522**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WARE 490, KATHRYN, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 N CLAY ST STE A  
 City STURGIS State MI Zip Code 49091  
 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 02 / 15 / 2017  
**Transaction ID : SA11AI.27532**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. WHITCOMB 740, LAJEAN C, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2104 N COTTONWOOD RD  
 City STILLWATER State OK Zip Code 74075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LACEBARK INC Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2017  
**Transaction ID : SA11AI.27951**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**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 110
	<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. WILEY 303, FLOYD M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3051 HABERSHAM RD NW

City ATLANTA	State GA	Zip Code 30305
-----------------	-------------	-------------------

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

Name of Employer (for Individual) MERRILL LYNCH	Occupation (for Individual) FINANCIAL ADVISOR
--	--

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
04	/	17	/	2017

**Transaction ID : SA11AI.28152**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

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
02	/	01	/	2017

**Transaction ID : SA11AI.28187**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2017

**Transaction ID : SA11AI.28188**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> 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 110
	<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. WILLIAMS 114, JANET L, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11425 177TH ST  
 City JAMAICA State NY Zip Code 11434  
 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 06 / 30 / 2017  
**Transaction ID : SA11AI.28194**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. WILLIAMS 463, DAVID, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N STATE ROAD 39  
 City LA PORTE State IN Zip Code 46350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HYDROTRON Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2017  
**Transaction ID : SA11AI.28242**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. WILLIAMSON 774, ANITA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 STRETFORD CT  
 City SUGAR LAND State TX Zip Code 77479  
 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 ▼ 350.00

Date of Receipt 05 / 16 / 2017  
**Transaction ID : SA11AI.28294**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	605.00
<b>TOTAL</b> 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 110
	<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. WRAY 481, THOMAS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 962 WRAY CT

City YPSILANTI	State MI	Zip Code 48198
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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 ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : SA11AI.28648**

Amount of Each Receipt this Period  
205.00

Memo Item

**B. WRIGHT 226, MARGARET, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

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
05		05		2017

**Transaction ID : SA11AI.28656**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WRIGHT 226, MARGARET, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

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 ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

**Transaction ID : SA11AI.28657**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.00
<b>TOTAL</b> 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 110
	<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. 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) DEPT OF DEFENSE	Occupation (for Individual) FUEL LOGISTICS MANAGEMENT
--	--

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
04		17		2017

**Transaction ID : SA11AI.28680**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. YORK 305, MARVIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 HOLLY DR

City DAWSONVILLE	State GA	Zip Code 30534
---------------------	-------------	-------------------

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
06		01		2017

**Transaction ID : SA11AI.28810**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ZUBAL 160, THOMAS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 CLARK AVE

City BUTLER	State PA	Zip Code 16002
----------------	-------------	-------------------

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
02		06		2017

**Transaction ID : SA11AI.29014**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> 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 80 OF 110  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZUBAL 160, THOMAS, , MR,**  
 Mailing Address 212 CLARK AVE  
 City BUTLER State PA Zip Code 16002  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2017  
**Transaction ID : SA11AI.29015**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZUBAL 160, THOMAS, , MR,**  
 Mailing Address 212 CLARK AVE  
 City BUTLER State PA Zip Code 16002  
 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  
 06 / 02 / 2017  
**Transaction ID : SA11AI.29016**  
 Amount of Each Receipt this Period 250.00  
 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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49643.00



**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) <b>A. ATLANTIC LIST COMPANY</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017
Mailing Address 2300 9TH STREET S		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4195</b>
City ARLINGTON	State VA	Zip Code 22204
Purpose of Disbursement LIST RENTALS		Category/Type 003
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 7250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC LIST COMPANY</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2017
Mailing Address 2300 9TH STREET S		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4190</b>
City ARLINGTON	State VA	Zip Code 22204
Purpose of Disbursement LIST RENTALS		Category/Type 003
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 3500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4184</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

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

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

13250.00

**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) <b>A. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4196</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4185</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4186</b>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement LEGAL SERVICES		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> 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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

998.32

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period

49.27

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4156**

Amount of Each Disbursement this Period

2173.99

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
INTERCHANGE FEES

**001**  
Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

3221.58

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4141**

Amount of Each Disbursement this Period

374.14

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4179**

Amount of Each Disbursement this Period

25.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
WIRE TRANSFER FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

55.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
USA ePAY FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

454.14

**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. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
WIRE TRANSFER FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 25 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4171**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
TRANSACTION FEES

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
01 / 31 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4161**

Amount of Each Disbursement this Period

166.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX COLLECTION FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 02 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4130**

Amount of Each Disbursement this Period

7.95

Memo Item

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

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

199.04

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

171.20

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4147**

Amount of Each Disbursement this Period

823.72

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4148**

Amount of Each Disbursement this Period

93.42

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

1088.34

**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) <b>A. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4153</b>
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement INTERCHANGE FEES		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 1315.71
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>B. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4165</b>
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement USA ePAY FEE		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2017
Mailing Address 2353 TOWN CENTER DR		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4172</b>
City SUGARLAND	State TX	Zip Code 77478
Purpose of Disbursement WIRE TRANSFER FEE		Category/Type 001
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1360.71
<b>TOTAL</b> 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. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement AMEX COLLECTION FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2017

FEC Identification Number: C00566174

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period: 75.00

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement USA ePAY FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 22 / 2017

FEC Identification Number: C00566174

Transaction ID : SB21B.4170

Amount of Each Disbursement this Period: 79.95

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement WIRE TRANSFER FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2017

FEC Identification Number: C00566174

Transaction ID : SB21B.4173

Amount of Each Disbursement this Period: 25.00

Memo Item

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

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

179.95



**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
TRANSACTION FEES

**001**

**Transaction ID : SB21B.4162**

Amount of Each Disbursement this Period

35.40

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		02		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
AMEX COLLECTION FEE

**001**

**Transaction ID : SB21B.4131**

Amount of Each Disbursement this Period

7.95

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
AMEX DISCOUNT FEES

**001**

**Transaction ID : SB21B.4136**

Amount of Each Disbursement this Period

175.90

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

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

219.25

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
B OF A MERCHANT SERVICE FEES

**001**

**Transaction ID : SB21B.4151**

Amount of Each Disbursement this Period

707.92

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
B OF A MERCHANT SERVICE FEES

**001**

**Transaction ID : SB21B.4152**

Amount of Each Disbursement this Period

108.34

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
INTERCHANGE FEES

**001**

**Transaction ID : SB21B.4157**

Amount of Each Disbursement this Period

1487.64

Candidate Name

**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

2303.90

**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. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
USA ePAY FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 07 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4166**

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
WIRE TRANSFER FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 10 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4174**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
TRANSACTION FEES

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 31 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4163**

Amount of Each Disbursement this Period

33.42

Memo Item

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

78.42

**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. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX COLLECTION FEE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB21B.4132**

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
INTERCHANGE FEES

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

1968.89

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A MERCHANT SERVICE FEES

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

144.03

Memo Item

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

2120.87

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4160**

Amount of Each Disbursement this Period

917.68

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4137**

Amount of Each Disbursement this Period

257.44

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4167**

Amount of Each Disbursement this Period

20.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
USA ePAY FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

1195.12

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement WIRE TRANSFER FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2017

FEC Identification Number: C00566174

Transaction ID : **SB21B.4175**

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement WIRE TRANSFER FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 26 / 2017

FEC Identification Number: C00566174

Transaction ID : **SB21B.4176**

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement AMEX COLLECTION FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C00566174

Transaction ID : **SB21B.4133**

Amount of Each Disbursement this Period: 7.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 57.95

**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. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement B OF A DISCOUNT FEES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2017

FEC Identification Number C00566174

**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period 62.45

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement B OF A MERCHANT SERVICE FEES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2017

FEC Identification Number C00566174

**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period 663.70

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement INTERCHANGE FEES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2017

FEC Identification Number C00566174

**Transaction ID : SB21B.4155**

Amount of Each Disbursement this Period 899.62

Memo Item

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

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

1625.77

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

C	C00566174
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City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4138**

Purpose of Disbursement  
AMEX DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

140.00
--------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

C	C00566174
---	-----------

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4139**

Purpose of Disbursement  
AMEX DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

21.76
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

C	C00566174
---	-----------

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4168**

Purpose of Disbursement  
USA ePAY FEE

001
Category/ Type

Amount of Each Disbursement this Period

20.00
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

181.76
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**TOTAL** This Period (last page this line number only)..... ▶

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**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) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 11 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00566174 <b>Transaction ID : SB21B.4177</b>	
Purpose of Disbursement WIRE TRANSFER FEE			Amount of Each Disbursement this Period 25.00	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 05 / 16 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00566174 <b>Transaction ID : SB21B.4178</b>	
Purpose of Disbursement WIRE TRANSFER FEE			Amount of Each Disbursement this Period 25.00	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 2353 TOWN CENTER DR				
City SUGARLAND	State TX	Zip Code 77478	FEC Identification Number C00566174 <b>Transaction ID : SB21B.4134</b>	
Purpose of Disbursement AMEX COLLECTION FEE			Amount of Each Disbursement this Period 7.95	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Category/Type 001			

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

57.95

**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. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4140**

Amount of Each Disbursement this Period

189.71

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
AMEX DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

76.20

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A DISCOUNT FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

683.89

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

949.80

**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. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement INTERCHANGE FEES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4158**

Amount of Each Disbursement this Period: 1056.56

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement USA ePAY FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4169**

Amount of Each Disbursement this Period: 20.00

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement ACCOUNT ANALYSIS CHARGE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4128**

Amount of Each Disbursement this Period: 215.49

Memo Item

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

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

1292.05

**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. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4104**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4105**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4106**

Amount of Each Disbursement this Period

Memo Item

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

**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. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		23		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4107**

Amount of Each Disbursement this Period

6671.84

Memo Item

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4108**

Amount of Each Disbursement this Period

7958.15

Memo Item

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4109**

Amount of Each Disbursement this Period

12309.07

Memo Item

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

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

26939.06

**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. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 26 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4110**  
Amount of Each Disbursement this Period  
9422.58

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4111**  
Amount of Each Disbursement this Period  
3615.65

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 16 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4112**  
Amount of Each Disbursement this Period  
2822.07

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15860.30
<b>TOTAL</b> 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. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4113**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4114**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4115**

Amount of Each Disbursement this Period

Memo Item

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

**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 #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4187**

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 #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4188**

Amount of Each Disbursement this Period: 3500.00

Memo Item

**C. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4189**

Amount of Each Disbursement this Period: 3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<input 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. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 03 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4194**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4191**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2017

FEC Identification Number

C C00566174

**Transaction ID : SB21B.4192**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

9500.00

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

140511.06

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

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 18 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4116**  
Amount of Each Disbursement this Period  
31469.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4117**  
Amount of Each Disbursement this Period  
39280.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 003  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
02 / 10 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4118**  
Amount of Each Disbursement this Period  
67971.12

Memo Item

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

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

138721.32

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
02 / 23 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4119**  
Amount of Each Disbursement this Period

37807.07

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
03 / 10 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4120**  
Amount of Each Disbursement this Period

45096.21

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

001  
 002  
 004  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
04 / 10 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4121**  
Amount of Each Disbursement this Period

69751.41

Memo Item

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

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

152654.69

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 26 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4122**  
Amount of Each Disbursement this Period  
53394.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4123**  
Amount of Each Disbursement this Period  
20488.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 16 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB29.4124**  
Amount of Each Disbursement this Period  
15991.73

Memo Item

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

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

89874.99

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

C	C00566174
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City AKRON State OH Zip Code 44333

Transaction ID : SB29.4125

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

004
Category/ Type

Amount of Each Disbursement this Period

20079.30
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

C	C00566174
---	-----------

City AKRON State OH Zip Code 44333

Transaction ID : SB29.4126

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

004
Category/ Type

Amount of Each Disbursement this Period

27950.76
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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:	

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2017

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

C	C00566174
---	-----------

City AKRON State OH Zip Code 44333

Transaction ID : SB29.4127

Purpose of Disbursement  
SUPPORT THE PRESIDENT VOTER CONTACT

004
Category/ Type

Amount of Each Disbursement this Period

27874.14
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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:	

Memo Item

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

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

75904.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. MESSAGE MADE EASY LLC</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 05 / 03 / 2017	
Mailing Address 3560 W MARKET ST SUITE 100			
City AKRON	State OH	Zip Code 44333	
Purpose of Disbursement SUPPORT THE PRESIDENT MESSAGING		Category/Type 004	FEC Identification Number C C00566174 <b>Transaction ID : SB29.4183</b>
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 1065.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1065.00
<b>TOTAL</b> This Period (last page this line number only).....▶	458220.20