

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 / / 2016 through / / 2016

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

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date / / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="63478.41"/>	<input type="text" value="63478.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63478.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="376533.23"/>	<input type="text" value="376533.23"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="440011.64"/>	<input type="text" value="440011.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="407430.52"/>	<input type="text" value="407430.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32581.12"/>	<input type="text" value="32581.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="46726.84"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14875.00	14875.00
(ii) Unitemized	360741.23	360741.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	375616.23	375616.23
(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)	375616.23	375616.23
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.).....	917.00	917.00
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)).....▶	376533.23	376533.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	376533.23	376533.23

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	54157.36	54157.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54157.36	54157.36
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)	353273.16	353273.16
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	407430.52	407430.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	407430.52	407430.52

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	375616.23	375616.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	375616.23	375616.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54157.36	54157.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54157.36	54157.36

**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 243
	<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. ALPHS 201, MARY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5913 AMBER RIDGE RD

City HAYMARKET	State VA	Zip Code 20169
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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
03		29		2016

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
250.00

Memo Item

B. ANDREWS 993, DANA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1135 ALDERDALE RD

City PROSSER	State WA	Zip Code 99350
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ANDREWS AND ROWELL	Occupation (for Individual) SELF EMPLOYED
---	--

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		26		2016

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
350.00

Memo Item

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2016

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	725.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 243
	<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. 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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2016

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
300.00

Memo Item

B. CAIN 926, FLORINE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 LAGO NORTE

City IRVINE	State CA	Zip Code 92612
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period
300.00

Memo Item

C. CANTRELL 734, JIMMY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3862 SKI LINE

City KINGSTON	State OK	Zip Code 73439
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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
01	/	25	/	2016

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 243
	(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. CARAS 995, LYNN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16639 ELEONORA ST
 City EAGLE RIVER State AK Zip Code 99577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PRIDE EQUESTRIAN CENTER Occupation (for Individual) THERAPEUTIC TRAINER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.4112
 Amount of Each Receipt this Period 100.00
 Memo Item

B. CARMACK 730, LORIE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18300 N WESTERN AVE
 City EDMOND State OK Zip Code 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEGACY BANK Occupation (for Individual) BANKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 22 / 2016**
Transaction ID : SA11AI.4114
 Amount of Each Receipt this Period 250.00
 Memo Item

C. CILLUFFO 193, ANTHONY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 MEADOWLARK TER
 City GLEN MILLS State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 27 / 2016**
Transaction ID : SA11AI.4116
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 243
	<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 229, JENS W, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1550 PANTOPS MOUNTAIN PL
 APT 203
 City CHARLOTTEVALE State VA Zip Code 22911
 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 **03 / 14 / 2016**
Transaction ID : SA11AI.4118
 Amount of Each Receipt this Period 150.00
 Memo Item

B. COLLINS 975, IDELLE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 849
 City SHADY COVE State OR Zip Code 97539
 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 **02 / 26 / 2016**
Transaction ID : SA11AI.4120
 Amount of Each Receipt this Period 500.00
 Memo Item

C. COOPER 933, LETA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13027 APPALOOSA AVE
 City BAKERSFIELD State CA Zip Code 93314
 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 **03 / 14 / 2016**
Transaction ID : SA11AI.4122
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 243
<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. 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
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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
02		08		2016

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
500.00

Memo Item

B. EASTWOOD 591, MIKE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3840 RIMROCK RD

City BILLINGS	State MT	Zip Code 59102
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2016

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period
250.00

Memo Item

C. EGAN 956, DAVID H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2523 MCGREGOR DR

City RANCHO CORDOVA	State CA	Zip Code 95670
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US POSTAL SERVICE	Occupation (for Individual) POSTAL CLERK
--	---

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		04		2016

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 243
<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. GERSHIN 117, ROBERT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 6 CRAIG ST

City JERICHO	State NY	Zip Code 11753
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2016

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period
300.00

Memo Item

B. GROSSE 797, DAVID, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3009 GARDEN CITY HWY

City MIDLAND	State TX	Zip Code 79701
-----------------	-------------	-------------------

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

Name of Employer (for Individual) FIRST SERVICE AIR CONDITIONING	Occupation (for Individual) PRESIDENT
---	--

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	/	10	/	2016

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period
250.00

Memo Item

C. HARDY 292, EDMUND H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 5595

City COLUMBIA	State SC	Zip Code 29250
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) INSURANCE AGENT
--	--

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	/	14	/	2016

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 243
	<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. HOLM 130, GIL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3003 EAGER RD

City LA FAYETTE	State NY	Zip Code 13084
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period
250.00

Memo Item

B. JACKA 465, MIKE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14561 COUNTY ROAD 12

City MIDDLEBURY	State IN	Zip Code 46540
--------------------	-------------	-------------------

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

Name of Employer (for Individual) LANDMARC ENVIRONMENTAL SYSTEMS LLC	Occupation (for Individual) PRINCIPAL
---	--

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		15		2016

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period
250.00

Memo Item

C. JOHNSON 460, ERIC, , 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2016

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 243
	<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. JONES 953, DANIEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 VINTAGE CT

City TURLOCK	State CA	Zip Code 95382
-----------------	-------------	-------------------

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
03		21		2016

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
100.00

Memo Item

B. KEPLINGER 450, DALE E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3005 PRINCETON AVE

City MIDDLETOWN	State OH	Zip Code 45042
--------------------	-------------	-------------------

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		01		2016

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
250.00

Memo Item

C. 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) VALLEY MANAGEMENT GROUP	Occupation (for Individual) COMMERCIAL REAL ESTATE
--	---

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		28		2016

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 243
	<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. KOETHER 333, BERNARD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 757 SW 17TH ST
 SUITE 1074
 City FORT LAUDERDALE State FL Zip Code 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TECHNOLOGY LICENSING CO Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.4148
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. LANE 740, JOE C, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 66
 City CHELSEA State OK Zip Code 74016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : SA11AI.4150
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. 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) SELF EMPLOYED Occupation (for Individual) FAMILY 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
 02 / 18 / 2016
Transaction ID : SA11AI.4152
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 243
	<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. LYNCH 453, CHARLES M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2051 STATE ROUTE 571

City GREENVILLE	State OH	Zip Code 45331
--------------------	-------------	-------------------

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		19		2016

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period
250.00

Memo Item

B. MCELREATH 736, DONALD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 323 S EASTERN AVE

City HOBART	State OK	Zip Code 73651
----------------	-------------	-------------------

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		2016

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
250.00

Memo Item

C. MOODY 670, LORI, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1726 ASPEN CREEK DR

City ANDOVER	State KS	Zip Code 67002
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) COMMERCIAL REAL ESTATE
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2016

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 243
	<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. MURRAY 294, JOHN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 233 FOREST TRL
 City ISLE OF PALMS State SC Zip Code 29451
 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 01 / 25 / 2016
Transaction ID : SA11AI.4160
 Amount of Each Receipt this Period 250.00
 Memo Item

B. NEFOS 196, LINDA L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1427 LACROSSE AVE
 City READING State PA Zip Code 19607
 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 01 / 06 / 2016
Transaction ID : SA11AI.4162
 Amount of Each Receipt this Period 350.00
 Memo Item

C. OSE 546, ALICIA M, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N22052 PELLOWSKI RD
 City ARCADIA State WI Zip Code 54612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 15 / 2016
Transaction ID : SA11AI.4164
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

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

Mailing Address 12401 ARCHER AVE

City LEMONT	State IL	Zip Code 60439
----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FUNERAL DIRECTOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
300.00

Memo Item

B. ROGERS 365, JOAN H, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 CRESTVIEW CIR

City DAPHNE	State AL	Zip Code 36526
----------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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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
03		23		2016

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period
100.00

Memo Item

C. ROTHWELL 085, TIMOTHY G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 SANDY RIDGE MOUNT AIRY RD

City STOCKTON	State NJ	Zip Code 08559
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2016

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 243
	<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. ROUSE 779, CLAUDE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX B
 City HALLETTSVILLE State TX Zip Code 77964
 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 01 / 27 / 2016
Transaction ID : SA11AI.4172
 Amount of Each Receipt this Period 250.00
 Memo Item

B. SABELLA 183, MICHAEL J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1530 E FOREST DR
 City SAYLORSBURG State PA Zip Code 18353
 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 / 19 / 2016
Transaction ID : SA11AI.4174
 Amount of Each Receipt this Period 250.00
 Memo Item

C. SANDERS 750, GEORGE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14131 MIDWAY RD
 City ADDISON State TX Zip Code 75001
 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 03 / 18 / 2016
Transaction ID : SA11AI.4176
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SANSOM 325, JOHN M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9455 PENSACOLA BLVD
STE B

City PENSACOLA	State FL	Zip Code 32534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACCOUNTANT	Occupation (for Individual) CUSTOMER SERVICE REPRESEN
---	--

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
03		10		2016

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period
1000.00

Memo Item

B. SHORT 217, SUE A, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6506 MORNINGSIDE CT

City MIDDLETOWN	State MD	Zip Code 21769
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2016

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 3222 E HAMPSHIRE ST

City MILWAUKEE	State WI	Zip Code 53211
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2016

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 20 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SMITH 532, BARBARA, , MS,
Mailing Address 3222 E HAMPSHIRE ST

City MILWAUKEE	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00

Date of Receipt
03 / 23 / 2016
Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
300.00

Memo Item

B. SONTAG 337, PETER, , MR,
Mailing Address 2399 HILLCREEK CIR E

City CLEARWATER	State FL	Zip Code 33759
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) REFUSED		Occupation (for Individual) CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 04 / 2016
Transaction ID : SA11AI.4185

Amount of Each Receipt this Period
500.00

Memo Item

C. SPAULDING 943, JEANNE M, , MS,
Mailing Address 541 E CRESCENT DR

City PALO ALTO	State CA	Zip Code 94301
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 18 / 2016
Transaction ID : SA11AI.4187

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 243
	<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. SWANSON 995, DOUGLAS E, , MR,
Mailing Address 10271 HAMPTON DR

City ANCHORAGE	State AK	Zip Code 99507
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) CONICAL PHILLIPS		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
02 / 10 / 2016
Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
300.00

Memo Item

B. TRUDEAU 129, CLARENCE J, , MR,
Mailing Address 30 NEWELL AVE

City PLATTSBURGH	State NY	Zip Code 12901
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
03 / 23 / 2016
Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
100.00

Memo Item

C. UPSHAW 750, IRVING, , MR,
Mailing Address 2751 N CYPRESS CIR

City PLANO	State TX	Zip Code 75075
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
02 / 26 / 2016
Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 243
	<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. VANDENBERG 230, GARRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 51

City FORK UNION	State VA	Zip Code 23055
--------------------	-------------	-------------------

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		2016

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
350.00

Memo Item

B. VAN EVERA 254, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7948 MARTINSBURG PIKE

City SHEPHERDSTOWN	State WV	Zip Code 25443
-----------------------	-------------	-------------------

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		2016

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
250.00

Memo Item

C. WIGGINS 394, HERSHEL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 76 Z R MITCHELL RD

City POPLARVILLE	State MS	Zip Code 39470
---------------------	-------------	-------------------

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		28		2016

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 243
	<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. WILSON 080, NANCY A, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 SEVENTH ST
 City SALEM State NJ Zip Code 08079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : SA11AI.4201
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. WILSON 080, NANCY A, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 SEVENTH ST
 City SALEM State NJ Zip Code 08079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : SA11AI.4202
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. WILSON 201, JAMES J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 392
 City MIDDLEBURG State VA Zip Code 20118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INTERSTATE GENERAL CO Occupation (for Individual) FOUNDER & 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
 01 / 18 / 2016
Transaction ID : SA11AI.4204
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YODER 465, ORVAN, , ,

Mailing Address PO BOX 144

City TOPEKA State IN Zip Code 46571

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

Name of Employer (for Individual) OK SAW AND TOOL INC Occupation (for Individual) BUSINESSMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	14875.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 243
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. INFOCISION MANAGEMENT CORP
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON	State OH	Zip Code 44333
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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 ▼
917.00

Date of Receipt

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

Transaction ID : SA17.4208

Amount of Each Receipt this Period
917.00

Memo Item
LIST RENTAL INCOME

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	917.00
TOTAL This Period (last page this line number only).....	917.00

**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) A. ATLANTIC LIST COMPANY		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 2300 - 9TH STREET S SUITE 301		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4210 Amount of Each Disbursement this Period 5846.00
City ARLINGTON	State VA	Zip Code 22204
Purpose of Disbursement PAC LIST RENTALS	Category/Type [REDACTED]	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) B. BAKER HOSTETLER LLP		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 70189		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4212 Amount of Each Disbursement this Period 5000.00
City CLEVELAND	State OH	Zip Code 44190
Purpose of Disbursement LEGAL SERVICES	Category/Type [REDACTED]	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4214 Amount of Each Disbursement this Period 751.89
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement BANK FEE	Category/Type [REDACTED]	
Candidate Name	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:		

SUBTOTAL of Disbursements This Page (optional).....▶	11597.89
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement INTERCHANGE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4215

Amount of Each Disbursement this Period: 2150.25

Memo Item

B. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement MERCHANT DISCOUNT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4216

Amount of Each Disbursement this Period: 50.02

Memo Item

C. FIRSTMERIT BANK

Full Name (Last, First, Middle Initial)

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement AMEX DISCOUNT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4217

Amount of Each Disbursement this Period: 337.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2538.08

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4218 Amount of Each Disbursement this Period [REDACTED] 20.00
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement USA ePAY		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4219 Amount of Each Disbursement this Period [REDACTED] 496.38
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4220 Amount of Each Disbursement this Period [REDACTED] 747.22
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement BANK FEE		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1263.60
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4221 Amount of Each Disbursement this Period 1462.45
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement INTERCHANGE FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4222 Amount of Each Disbursement this Period 34.42
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement MERCHANT DISCOUNT FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 05 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4223 Amount of Each Disbursement this Period 278.55
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement AMEX DISCOUNT FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

1775.42

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. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4224 Amount of Each Disbursement this Period 20.00
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement USA ePAY	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4225 Amount of Each Disbursement this Period 389.56
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement ACCOUNT ANALYSIS CHARGE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4226 Amount of Each Disbursement this Period 79.95
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement USA ePAY	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

489.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4227 Amount of Each Disbursement this Period 144.03
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement BANK CHARGE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4228 Amount of Each Disbursement this Period 679.04
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement BANK FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C Transaction ID : SB21B.4229 Amount of Each Disbursement this Period 1664.44
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement INTERCHANGE FEE	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

2487.51

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [] Transaction ID : SB21B.4230 Amount of Each Disbursement this Period [] 39.22
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement MERCHANT DISCOUNT FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [] Transaction ID : SB21B.4231 Amount of Each Disbursement this Period [] 246.52
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement AMEX DISCOUNT FEE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		FEC Identification Number C [] Transaction ID : SB21B.4232 Amount of Each Disbursement this Period [] 20.00
City AKRON	State OH	Zip Code 44307
Purpose of Disbursement USA ePAY		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 305.74
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
ACCOUNT ANALYSIS CHARGE

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4233
Amount of Each Disbursement this Period
421.06

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGINE IT DESIGN LLC

Mailing Address 100 TEAL LN #34

City LAFAYETTE State LA Zip Code 70507

Purpose of Disbursement
WEBSITE UPDATES & GRAPHIC DESIGN

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4235
Amount of Each Disbursement this Period
1640.00

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
VOTER CONTACT CALLS

Candidate Name
CLINTON, HILLARY RODHAM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: 00

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

FEC Identification Number

C P00003392
Transaction ID : SB21B.6460
Amount of Each Disbursement this Period
136592.37

Memo Item

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

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

138653.43

**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
VOTER CONTACT CALLS

004
Category/
Type

Candidate Name
CLINTON, HILLARY RODHAM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement

/ /

FEC Identification Number

C P00003392

Transaction ID : SB21B.6461

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
VOTER CONTACT CALLS

004
Category/
Type

Candidate Name
CLINTON, HILLARY RODHAM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement

/ /

FEC Identification Number

C P00003392

Transaction ID : SB21B.6462

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
LN 21b DISBURSEMENTS ALLOCATED TO LN24

004
Category/
Type

Candidate Name
CLINTON, HILLARY RODHAM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: District: 00

Date of Disbursement

/ /

FEC Identification Number

C P00003392

Transaction ID : SB21B.6463

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. L2

Full Name (Last, First, Middle Initial)

Mailing Address 18912 NORTH CREEK PARKWAY
SUITE 201

City BOTHELL State WA Zip Code 98001

Purpose of Disbursement eMAIL ADDRESSES & VOTER DATA

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 10 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4237

Amount of Each Disbursement this Period: 1614.62

Memo Item

B. MACKENZIE & COMPANY

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement CONSULTING - COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 01 / 08 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4239

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
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement CONSULTING - COMPLIANCE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 05 / 2016

FEC Identification Number: C

Transaction ID : SB21B.4240

Amount of Each Disbursement this Period: 3500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8614.62

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		Date of Disbursement MM / DD / YYYY 02 / 14 / 2016
Mailing Address 2776 S ARLINGTON MILL DRIVE NUM 806		FEC Identification Number C [] Transaction ID : SB21B.4241 Amount of Each Disbursement this Period [] 1500.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - DATA PROCESSING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 03 / 01 / 2016
Mailing Address 2776 S ARLINGTON MILL DRIVE NUM 806		FEC Identification Number C [] Transaction ID : SB21B.4242 Amount of Each Disbursement this Period [] 3500.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - COMPLIANCE		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MACKENZIE & COMPANY		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 2776 S ARLINGTON MILL DRIVE NUM 806		FEC Identification Number C [] Transaction ID : SB21B.4243 Amount of Each Disbursement this Period [] 3000.00
City ARLINGTON	State VA	Zip Code 22206
Purpose of Disbursement CONSULTING - FUNDRAISING & COPYWRITING		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 8000.00

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. PARAMOUNT COMMUNICATION GROUP

Mailing Address 525 K EAST MARKET STREET #114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4245
Amount of Each Disbursement this Period
4785.63

Memo Item

Full Name (Last, First, Middle Initial)

B. POST HASTE MAILING

Mailing Address 90 RUSSELL STREET
SUITE 100

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4247
Amount of Each Disbursement this Period
1629.98

Memo Item

Full Name (Last, First, Middle Initial)

C. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
HTML SETUP & eMAIL DEPLOYMENT

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

FEC Identification Number

C
Transaction ID : SB21B.4249
Amount of Each Disbursement this Period
3914.65

Memo Item

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

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

10330.26

**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. STRATEGIC CAMPAIGN GROUP		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 191 MAIN STREET SUITE 310		FEC Identification Number C [] Transaction ID : SB21B.4251 Amount of Each Disbursement this Period [] 1500.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement CONSULTING - MANAGEMENT SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STRATEGIC CAMPAIGN GROUP		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address 191 MAIN STREET SUITE 310		FEC Identification Number C [] Transaction ID : SB21B.4252 Amount of Each Disbursement this Period [] 3000.00
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement CONSULTING - MANAGEMENT & FUNDRAISING SERVICES		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 4500.00
TOTAL This Period (last page this line number only).....▶	[] 53963.69

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 243
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP			Nature of Debt (Purpose): VOTER CONTACT CALLS - HILLARY CLINTON OPPOSITION IEs
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5941	
Amount Incurred This Period 400000.00	Payment This Period 353273.16	Outstanding Balance at Close of This Period 46726.84

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	46726.84
2) TOTALS This Period (last page this line number only)..... ▶	46726.84
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	46726.84

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AK
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AL
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
16334.23
Transaction ID : SE.5737
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
2233.86
Transaction ID : SE.5738
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CT
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
DC
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
DE
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
FL
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
GA
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
HI
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,
[Electronically Filed]
Date 10 / 02 / 2019
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Transaction ID : SE.5747 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Transaction ID : SE.5749 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: KS
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: KY
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MA
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MD
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MI
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MN
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5758
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5759
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MT
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NC
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
ND
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NE
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,
[Electronically Filed]
Date
10 / 02 / 2019
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5764
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5765
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NV
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NY
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
OH
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
OK
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
PA
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
RI
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
2068.32
Transaction ID : SE.5774
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
356.87
Transaction ID : SE.5775
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
TN
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
TX
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: UT
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: VA
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
VT
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: WI
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: WV
Calendar Year-To-Date
Per Election for Office Sought
0.00
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5784
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5785
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AL
Calendar Year-To-Date
Per Election for Office Sought
2112.53
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
1280.25
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3392.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
2791.76
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
CA
Calendar Year-To-Date
Per Election for Office Sought
16334.23
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 19125.99
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CO
Calendar Year-To-Date
Per Election for Office Sought
2233.86
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CT
Calendar Year-To-Date
Per Election for Office Sought
1596.29
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3830.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/> 294.65
City AKRON	State OH	
Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Transaction ID : SE.5792 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 294.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/> 403.74
City AKRON	State OH	
Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Transaction ID : SE.5793 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type <input type="text"/> 004	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 403.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 698.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 12 / 2016</div>
Mailing Address 325 SPRINGSIDE DRIVE	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">8657.44</div>
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: FL
Calendar Year-To-Date Per Election for Office Sought ▶	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 12 / 2016</div>
Mailing Address 325 SPRINGSIDE DRIVE	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">4210.20</div>
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: GA
Calendar Year-To-Date Per Election for Office Sought ▶	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12867.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: HI
Calendar Year-To-Date
Per Election for Office Sought
615.09
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IA
Calendar Year-To-Date
Per Election for Office Sought
1343.72
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1958.81
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District: 00 State: ID
Calendar Year-To-Date
Per Election for Office Sought
664.90
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District: 00 State: IL
Calendar Year-To-Date
Per Election for Office Sought
5615.90
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
6280.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
IN
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
KS
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4061.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5803
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5804
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
2978.62
Transaction ID : SE.5805
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
2575.81
Transaction ID : SE.5806
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 5554.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
608.64
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MI
Calendar Year-To-Date
Per Election for Office Sought
4356.78
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4965.42
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MN
Calendar Year-To-Date
Per Election for Office Sought
2337.68
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MO
Calendar Year-To-Date
Per Election for Office Sought
2643.00
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4980.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
1280.69
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MT
Calendar Year-To-Date
Per Election for Office Sought
445.91
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1726.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
4235.18
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ND
Calendar Year-To-Date
Per Election for Office Sought
306.21
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4541.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NE
Calendar Year-To-Date
Per Election for Office Sought
794.63
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NH
Calendar Year-To-Date
Per Election for Office Sought
596.71
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1391.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NJ
Calendar Year-To-Date
Per Election for Office Sought
3895.82
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
898.21
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4794.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NV
Calendar Year-To-Date
Per Election for Office Sought
1183.71
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NY
Calendar Year-To-Date
Per Election for Office Sought
8724.15
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9907.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
OH
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
OK
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
6728.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
1728.88
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
PA
Calendar Year-To-Date
Per Election for Office Sought
5736.94
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7465.82
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
RI
Calendar Year-To-Date
Per Election for Office Sought
478.05
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
SC
Calendar Year-To-Date
Per Election for Office Sought
2068.32
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2546.37
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
SD
Calendar Year-To-Date
Per Election for Office Sought
356.87
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
TN
Calendar Year-To-Date
Per Election for Office Sought
2822.69
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3179.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,
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Signature

Date
10 / 02 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TX
Calendar Year-To-Date
Per Election for Office Sought
10755.73
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: UT
Calendar Year-To-Date
Per Election for Office Sought
1113.23
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
11868.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Category/Type <input type="text"/>		004
Amount <input type="text"/>		3588.16
Transaction ID : SE.5832		

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Category/Type <input type="text"/>		004
Amount <input type="text"/>		287.61
Transaction ID : SE.5833		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WA
Calendar Year-To-Date
Per Election for Office Sought
3016.42
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WI
Calendar Year-To-Date
Per Election for Office Sought
2520.58
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
5537.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5836
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5837
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
256.34
Transaction ID : SE.5838
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
1763.51
Transaction ID : SE.5839
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 2019.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
2348.98
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
5122.28
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3399.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CA
Calendar Year-To-Date
Per Election for Office Sought
29969.82
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CO
Calendar Year-To-Date
Per Election for Office Sought
4098.66
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15500.39
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CT
Calendar Year-To-Date
Per Election for Office Sought
2928.85
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DC
Calendar Year-To-Date
Per Election for Office Sought
540.65
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1578.56
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DE
Calendar Year-To-Date
Per Election for Office Sought
740.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
15884.55
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7564.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: GA
Calendar Year-To-Date
Per Election for Office Sought
7724.82
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: HI
Calendar Year-To-Date
Per Election for Office Sought
1128.66
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4028.19
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
IA
Calendar Year-To-Date
Per Election for Office Sought
2465.44
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ID
Calendar Year-To-Date
Per Election for Office Sought
1219.95
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1676.77
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IL
Calendar Year-To-Date
Per Election for Office Sought
10303.98
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IN
Calendar Year-To-Date
Per Election for Office Sought
5187.58
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
7048.31
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
KS
Calendar Year-To-Date
Per Election for Office Sought
2264.42
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
KY
Calendar Year-To-Date
Per Election for Office Sought
3530.99
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2636.78
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
3645.14
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MA
Calendar Year-To-Date
Per Election for Office Sought
5465.13
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4144.97
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MD
Calendar Year-To-Date
Per Election for Office Sought
4726.06
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ME
Calendar Year-To-Date
Per Election for Office Sought
1116.72
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2658.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
7993.76
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MN
Calendar Year-To-Date
Per Election for Office Sought
4289.14
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5588.44
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
MO
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
MS
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3275.44
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MT
Calendar Year-To-Date
Per Election for Office Sought
818.15
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NC
Calendar Year-To-Date
Per Election for Office Sought
7770.65
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3907.71
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ND
Calendar Year-To-Date
Per Election for Office Sought
561.83
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NE
Calendar Year-To-Date
Per Election for Office Sought
1457.97
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
918.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NH
Calendar Year-To-Date
Per Election for Office Sought
1094.83
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NJ
Calendar Year-To-Date
Per Election for Office Sought
7147.99
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3750.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
1648.03
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NV
Calendar Year-To-Date
Per Election for Office Sought
2171.86
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1737.97
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
16006.95
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: OH
Calendar Year-To-Date
Per Election for Office Sought
9334.58
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
11529.82
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OK
Calendar Year-To-Date
Per Election for Office Sought
3011.06
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
3172.13
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2813.21
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought
10526.06
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: RI
Calendar Year-To-Date
Per Election for Office Sought
877.12
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5188.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: SC
Calendar Year-To-Date
Per Election for Office Sought
3794.92
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: SD
Calendar Year-To-Date
Per Election for Office Sought
654.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2024.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TN
Calendar Year-To-Date
Per Election for Office Sought
5179.04
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TX
Calendar Year-To-Date
Per Election for Office Sought
19734.47
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
11335.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: UT
Calendar Year-To-Date
Per Election for Office Sought
2042.54
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: VA
Calendar Year-To-Date
Per Election for Office Sought
6583.51
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3924.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
VT
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2758.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WI
Calendar Year-To-Date
Per Election for Office Sought
4624.72
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WV
Calendar Year-To-Date
Per Election for Office Sought
1550.76
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2809.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WY
Calendar Year-To-Date
Per Election for Office Sought
456.84
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
AL
Calendar Year-To-Date
Per Election for Office Sought
3876.04
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
207.85
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AK
Calendar Year-To-Date
Per Election for Office Sought
563.41
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
5122.28
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
2348.98
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
CA
Calendar Year-To-Date
Per Election for Office Sought
29969.82
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CO
Calendar Year-To-Date
Per Election for Office Sought
4098.66
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CT
Calendar Year-To-Date
Per Election for Office Sought
2928.85
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DC
Calendar Year-To-Date
Per Election for Office Sought
540.65
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DE
Calendar Year-To-Date
Per Election for Office Sought
740.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6491
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6494
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
HI
Calendar Year-To-Date
Per Election for Office Sought
1128.66
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ID
Calendar Year-To-Date
Per Election for Office Sought
1219.95
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IL
Calendar Year-To-Date
Per Election for Office Sought
10303.98
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IN
Calendar Year-To-Date
Per Election for Office Sought
5187.58
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
IA
Calendar Year-To-Date
Per Election for Office Sought
2465.44
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
KS
Calendar Year-To-Date
Per Election for Office Sought
2264.42
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
KY
Calendar Year-To-Date
Per Election for Office Sought
3530.99
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
3645.14
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
ME
Calendar Year-To-Date
Per Election for Office Sought
1116.72
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
MD
Calendar Year-To-Date
Per Election for Office Sought
4726.06
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MA
Calendar Year-To-Date
Per Election for Office Sought
5465.13
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
7993.76
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MN
Calendar Year-To-Date
Per Election for Office Sought
4289.14
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
2349.79
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
MO
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
MT
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NE
Calendar Year-To-Date
Per Election for Office Sought
1457.97
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NV
Calendar Year-To-Date
Per Election for Office Sought
2171.86
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NH
Calendar Year-To-Date
Per Election for Office Sought
1094.83
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NJ
Calendar Year-To-Date
Per Election for Office Sought
7147.99
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00566174 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">749.82</div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6560 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: NM		
Calendar Year-To-Date Per Election for Office Sought 1648.03			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7282.80</div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6563 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State: NY		
Calendar Year-To-Date Per Election for Office Sought 16006.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
7770.65
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ND
Calendar Year-To-Date
Per Election for Office Sought
561.83
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, , ,
Calendar Year-To-Date
Per Election for Office Sought
9334.58
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
4247.02
Transaction ID : SE.6572
Date of Disbursement or Obligation
02 / 23 / 2016
Office Sought:
President
State: OH
Disbursement For:
General
2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, , ,
Calendar Year-To-Date
Per Election for Office Sought
3011.06
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
1369.96
Transaction ID : SE.6575
Date of Disbursement or Obligation
02 / 23 / 2016
Office Sought:
President
State: OK
Disbursement For:
General
2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00566174 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount 1443.25		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6578 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OR		
Calendar Year-To-Date Per Election for Office Sought 3172.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount 4789.12		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6581 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: PA		
Calendar Year-To-Date Per Election for Office Sought 10526.06			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures ▶	

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6584
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6587
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
SD
Calendar Year-To-Date
Per Election for Office Sought
654.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
TN
Calendar Year-To-Date
Per Election for Office Sought
5179.04
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00566174 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 8978.74 </div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6596 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 19734.47			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 929.31 </div>		
City AKRON	State OH	Zip Code 44333			
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6599 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>		
Calendar Year-To-Date Per Election for Office Sought 2042.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 0.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
VT
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
VA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WA
Calendar Year-To-Date
Per Election for Office Sought
5534.48
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WV
Calendar Year-To-Date
Per Election for Office Sought
1550.76
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WI
Calendar Year-To-Date
Per Election for Office Sought
4624.72
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WY
Calendar Year-To-Date
Per Election for Office Sought
456.84
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AK
Calendar Year-To-Date
Per Election for Office Sought
794.19
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
AL
Calendar Year-To-Date
Per Election for Office Sought
5463.70
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1818.44
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date
10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE	Amount <input type="text"/>
City AKRON State OH Zip Code 44333	Transaction ID : SE.5891
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 3311.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE	Amount <input type="text"/>
City AKRON State OH Zip Code 44333	Transaction ID : SE.5892
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 7220.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 3060.29
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
12275.80
Transaction ID : SE.5893
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Office Sought:
President
Disbursement For:
General
Amount
1678.85
Transaction ID : SE.5894
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 13954.65
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CT
Calendar Year-To-Date
Per Election for Office Sought
4128.54
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DC
Calendar Year-To-Date
Per Election for Office Sought
762.09
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1421.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DE
Calendar Year-To-Date
Per Election for Office Sought
1044.21
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
22391.01
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
6809.89
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: GA
Calendar Year-To-Date
Per Election for Office Sought
10888.98
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: HI
Calendar Year-To-Date
Per Election for Office Sought
1590.93
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3626.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
IA
Calendar Year-To-Date
Per Election for Office Sought
3475.30
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ID
Calendar Year-To-Date
Per Election for Office Sought
1719.66
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
1509.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IL
Calendar Year-To-Date
Per Election for Office Sought
14524.59
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: IN
Calendar Year-To-Date
Per Election for Office Sought
7312.46
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
6345.49
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5905
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5906
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
5138.22
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MA
Calendar Year-To-Date
Per Election for Office Sought
7703.70
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3731.65
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MD
Calendar Year-To-Date
Per Election for Office Sought
6661.89
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ME
Calendar Year-To-Date
Per Election for Office Sought
1574.14
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2393.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
11268.08
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MN
Calendar Year-To-Date
Per Election for Office Sought
6046.01
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5031.19
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MO
Calendar Year-To-Date
Per Election for Office Sought
6835.67
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MS
Calendar Year-To-Date
Per Election for Office Sought
3312.28
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2948.82
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MT
Calendar Year-To-Date
Per Election for Office Sought
1153.27
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
10953.58
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3518.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ND
Calendar Year-To-Date
Per Election for Office Sought
791.96
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NE
Calendar Year-To-Date
Per Election for Office Sought
2055.17
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 827.33
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NH
Calendar Year-To-Date
Per Election for Office Sought
1543.28
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
NJ
Calendar Year-To-Date
Per Election for Office Sought
10075.87
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3376.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
2323.08
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NV
Calendar Year-To-Date
Per Election for Office Sought
3061.47
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1564.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
22563.55
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: OH
Calendar Year-To-Date
Per Election for Office Sought
13158.11
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 10380.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OK
Calendar Year-To-Date
Per Election for Office Sought
4244.42
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
4471.46
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2532.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought
14837.63
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: RI
Calendar Year-To-Date
Per Election for Office Sought
1236.40
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
4670.85
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1554.43	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5929
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 5349.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 268.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.5930
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 922.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	1822.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TN
Calendar Year-To-Date
Per Election for Office Sought
7300.42
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TX
Calendar Year-To-Date
Per Election for Office Sought
27817.89
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
10204.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
UT
Calendar Year-To-Date
Per Election for Office Sought
2879.18
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
VA
Calendar Year-To-Date
Per Election for Office Sought
9280.18
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3533.31
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
VT
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2483.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WI
Calendar Year-To-Date
Per Election for Office Sought
6519.05
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WV
Calendar Year-To-Date
Per Election for Office Sought
2185.97
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
2529.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/> 187.13
City AKRON	State OH	
Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Transaction ID : SE.5940
Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 643.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/> 1587.66
City AKRON	State OH	
Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS	Transaction ID : SE.6465
Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 5463.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 187.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AK
Calendar Year-To-Date
Per Election for Office Sought
794.19
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
7220.41
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
3311.14
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CA
Calendar Year-To-Date
Per Election for Office Sought
42245.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CO
Calendar Year-To-Date
Per Election for Office Sought
5777.51
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CT
Calendar Year-To-Date
Per Election for Office Sought
4128.54
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DC
Calendar Year-To-Date
Per Election for Office Sought
762.09
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DE
Calendar Year-To-Date
Per Election for Office Sought
1044.21
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: FL
Calendar Year-To-Date
Per Election for Office Sought
22391.01
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: GA
Calendar Year-To-Date
Per Election for Office Sought
10888.98
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
462.27
Transaction ID : SE.6499
Date of Disbursement or Obligation
03 / 29 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
President Senate State: HI

Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
499.71
Transaction ID : SE.6502
Date of Disbursement or Obligation
03 / 29 / 2016

Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
President Senate State: ID

Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
IL
Calendar Year-To-Date
Per Election for Office Sought
14524.59
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
IN
Calendar Year-To-Date
Per Election for Office Sought
7312.46
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6511
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.6514
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
KY
Calendar Year-To-Date
Per Election for Office Sought
4977.32
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
5138.22
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Disbursement For:
General 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Disbursement For:
General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MA
Calendar Year-To-Date
Per Election for Office Sought
7703.70
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
11268.08
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MN
Calendar Year-To-Date
Per Election for Office Sought
6046.01
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
MS
Calendar Year-To-Date
Per Election for Office Sought
3312.28
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		6835.67

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		1153.27

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NE
Calendar Year-To-Date
Per Election for Office Sought
2055.17
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NV
Calendar Year-To-Date
Per Election for Office Sought
3061.47
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NH
Calendar Year-To-Date
Per Election for Office Sought
1543.28
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NJ
Calendar Year-To-Date
Per Election for Office Sought
10075.87
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
2323.08
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
22563.55
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
10953.58
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: ND
Calendar Year-To-Date
Per Election for Office Sought
791.96
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Transaction ID : SE.6573
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 13158.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Transaction ID : SE.6576
Category/Type <input type="text"/> 004		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 4244.42		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: OR
Calendar Year-To-Date
Per Election for Office Sought
4471.46
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought
14837.63
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
RI
Calendar Year-To-Date
Per Election for Office Sought
1236.40
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
SC
Calendar Year-To-Date
Per Election for Office Sought
5349.35
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: SD
Calendar Year-To-Date
Per Election for Office Sought
922.99
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: TN
Calendar Year-To-Date
Per Election for Office Sought
7300.42
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
TX
Calendar Year-To-Date
Per Election for Office Sought
27817.89
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
UT
Calendar Year-To-Date
Per Election for Office Sought
2879.18
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
VT
Calendar Year-To-Date
Per Election for Office Sought
743.85
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
VA
Calendar Year-To-Date
Per Election for Office Sought
9280.18
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00566174 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE			Amount MM / DD / YYYY 2266.98
City AKRON	State OH	Zip Code 44333	
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6609 Date of Disbursement or Obligation MM / DD / YYYY 03 / 29 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 7801.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE			Amount MM / DD / YYYY 635.21
City AKRON	State OH	Zip Code 44333	
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Transaction ID : SE.6612 Date of Disbursement or Obligation MM / DD / YYYY 03 / 29 / 2016
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 2185.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	MM / DD / YYYY 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	MM / DD / YYYY
(c) TOTAL Independent Expenditures ▶	MM / DD / YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date MM / DD / YYYY
10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WI
Calendar Year-To-Date
Per Election for Office Sought
6519.05
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WY
Calendar Year-To-Date
Per Election for Office Sought
643.97
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AL
Calendar Year-To-Date
Per Election for Office Sought
5463.70
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AK
Calendar Year-To-Date
Per Election for Office Sought
794.19
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AZ
Calendar Year-To-Date
Per Election for Office Sought
7220.41
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
3311.14
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CA
Calendar Year-To-Date
Per Election for Office Sought
42245.62
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
CO
Calendar Year-To-Date
Per Election for Office Sought
5777.51
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: CT
Calendar Year-To-Date
Per Election for Office Sought
4128.54
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: DC
Calendar Year-To-Date
Per Election for Office Sought
762.09
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
DE
Calendar Year-To-Date
Per Election for Office Sought
1044.21
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
FL
Calendar Year-To-Date
Per Election for Office Sought
22391.01
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: GA
Calendar Year-To-Date
Per Election for Office Sought
10888.98
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: HI
Calendar Year-To-Date
Per Election for Office Sought
1590.93
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
ID
Calendar Year-To-Date
Per Election for Office Sought
1719.66
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
IL
Calendar Year-To-Date
Per Election for Office Sought
14524.59
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
IN
Calendar Year-To-Date
Per Election for Office Sought
7312.46
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
IA
Calendar Year-To-Date
Per Election for Office Sought
3475.30
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
KS
Calendar Year-To-Date
Per Election for Office Sought
3191.95
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
KY
Calendar Year-To-Date
Per Election for Office Sought
4977.32
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
LA
Calendar Year-To-Date
Per Election for Office Sought
5138.22
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
ME
Calendar Year-To-Date
Per Election for Office Sought
1574.14
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MD
Calendar Year-To-Date
Per Election for Office Sought
6661.89
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MA
Calendar Year-To-Date
Per Election for Office Sought
7703.70
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MI
Calendar Year-To-Date
Per Election for Office Sought
11268.08
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MN
Calendar Year-To-Date
Per Election for Office Sought
6046.01
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MS
Calendar Year-To-Date
Per Election for Office Sought
3312.28
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
MO
Calendar Year-To-Date
Per Election for Office Sought
6835.67
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: MT
Calendar Year-To-Date
Per Election for Office Sought
1153.27
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NE
Calendar Year-To-Date
Per Election for Office Sought
2055.17
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NV
Calendar Year-To-Date
Per Election for Office Sought
3061.47
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
NH
Calendar Year-To-Date
Per Election for Office Sought
1543.28
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		10075.87

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
		2323.08

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NY
Calendar Year-To-Date
Per Election for Office Sought
22563.55
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
10953.58
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
ND
Calendar Year-To-Date
Per Election for Office Sought
791.96
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
OH
Calendar Year-To-Date
Per Election for Office Sought
13158.11
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
OK
Calendar Year-To-Date
Per Election for Office Sought
4244.42
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
OR
Calendar Year-To-Date
Per Election for Office Sought
4471.46
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: PA
Calendar Year-To-Date
Per Election for Office Sought
14837.63
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: RI
Calendar Year-To-Date
Per Election for Office Sought
1236.40
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 10 / 02 / 2019
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: SC
Calendar Year-To-Date
Per Election for Office Sought
5349.35
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: SD
Calendar Year-To-Date
Per Election for Office Sought
922.99
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
TN
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
TX
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
UT
Calendar Year-To-Date
Per Election for Office Sought
2879.18
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
VT
Calendar Year-To-Date
Per Election for Office Sought
743.85
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
VA
Calendar Year-To-Date
Per Election for Office Sought
9280.18
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
President
District:
00 State:
WA
Calendar Year-To-Date
Per Election for Office Sought
7801.46
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WV
Calendar Year-To-Date
Per Election for Office Sought
2185.97
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate
District:
00 State:
WI
Calendar Year-To-Date
Per Election for Office Sought
6519.05
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
WY
Calendar Year-To-Date
Per Election for Office Sought
643.97
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
RAPID RESPONSE TELEVISION LLC
Mailing Address
PO BOX 36819
City
CANTON State
OH Zip Code
44735
Purpose of Expenditure
TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type
004
Name of Federal Candidate:
CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought:
House Senate State:
AK
Calendar Year-To-Date
Per Election for Office Sought
794.19
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 231.99
Transaction ID: SE.6089

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 140.59
Transaction ID: SE.6091

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 306.58
Transaction ID: SE.6092

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 1793.75
Transaction ID: SE.6093

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 245.31
Transaction ID: SE.6094

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 175.30
Transaction ID: SE.6096

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 950.72
Transaction ID: SE.6099
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 462.35
Transaction ID: SE.6100
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10/02/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 67.55
Transaction ID: SE.6101
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 147.56
Transaction ID: SE.6102
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10/02/2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 73.02
Transaction ID: SE.6103
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 616.71
Transaction ID: SE.6104
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10/02/2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RAPID RESPONSE TELEVISION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 36819		Amount <input type="text"/>	
City CANTON	State OH	Zip Code 44735	310.49
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
7312.46		2016	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RAPID RESPONSE TELEVISION LLC		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address PO BOX 36819		Amount <input type="text"/>	
City CANTON	State OH	Zip Code 44735	135.53
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
3191.95		2016	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>
0.00	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 211.34
Transaction ID: SE.6107

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 218.17
Transaction ID: SE.6108

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 327.10
Transaction ID: SE.6109
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 282.86
Transaction ID: SE.6110
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10/02/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 66.84
Transaction ID: SE.6111
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 478.44
Transaction ID: SE.6112
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10/02/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 256.71
Transaction ID: SE.6116

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 290.24
Transaction ID: SE.6117

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 140.64
Transaction ID: SE.6118

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 48.97
Transaction ID: SE.6119

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 465.09
Transaction ID: SE.6120

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 33.63
Transaction ID: SE.6121

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 87.26
Transaction ID: SE.6122
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 65.53
Transaction ID: SE.6123
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10/02/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016
Amount: 427.82
Transaction ID: SE.6124

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016
Amount: 98.64
Transaction ID: SE.6125

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 129.99
Transaction ID: SE.6126

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 958.05
Transaction ID: SE.6127

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 558.69
Transaction ID: SE.6128
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 180.22
Transaction ID: SE.6129
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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Date 10/02/2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 189.86
Transaction ID: SE.6130

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 630.01
Transaction ID: SE.6131

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 52.50
Transaction ID: SE.6132
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 227.13
Transaction ID: SE.6133
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 10/02/2019

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016
Amount: 39.19
Transaction ID: SE.6134

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Disbursement For: General 2016
Amount: 309.98
Transaction ID: SE.6135

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

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Date 10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee RAPID RESPONSE TELEVISION LLC <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 36819	Amount <input type="text"/> 1181.15 Transaction ID : SE.6136 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City CANTON State OH Zip Code 44735	
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES) Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 27817.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee RAPID RESPONSE TELEVISION LLC <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address PO BOX 36819	Amount <input type="text"/> 122.25 Transaction ID : SE.6137 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City CANTON State OH Zip Code 44735	
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES) Category/Type <input type="text"/> 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 2879.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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MACKENZIE, SCOTT B, ,

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Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 394.04
Transaction ID: SE.6138

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 31.58
Transaction ID: SE.6139

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date

10 / 02 / 2019

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RAPID RESPONSE TELEVISION LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 28 / 2016	
Mailing Address PO BOX 36819		Amount M M / D D / Y Y Y Y Y Y 331.25	
City CANTON	State OH	Zip Code 44735	Transaction ID : SE.6140 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 19 / 2016
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WA	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 7801.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item RAPID RESPONSE TELEVISION LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 28 / 2016	
Mailing Address PO BOX 36819		Amount M M / D D / Y Y Y Y Y Y 276.80	
City CANTON	State OH	Zip Code 44735	Transaction ID : SE.6141 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 19 / 2016
Purpose of Expenditure TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)		Category/Type 004	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 6519.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	M M / D D / Y Y Y Y Y Y
(c) TOTAL Independent Expenditures ▶	M M / D D / Y Y Y Y Y Y

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 10 / 02 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 92.82
Transaction ID: SE.6142
Date of Disbursement or Obligation: 04/19/2016

Full Name of Payee: RAPID RESPONSE TELEVISION LLC
Mailing Address: PO BOX 36819
City: CANTON, State: OH, Zip Code: 44735
Purpose of Expenditure: TV ADS - FOX NEWS (3/28 & VARIOUS OTHER DATES)
Category/Type: 004
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,
Office Sought: President
Disbursement For: General
Amount: 27.34
Transaction ID: SE.6143
Date of Disbursement or Obligation: 04/19/2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures 353273.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 10 / 02 / 2019

Signature