

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016		
Mailing Address 325 SPRINSIDE DRIVE			Amount 15000.00		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4109		
Purpose of Expenditure VOTER CONTACT CALLS OVER NINE DAYS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 01 / 2016		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			☒ Support ☐ Oppose Office Sought: ☐ House ☒ President ☐ Senate District: 00 State: NH		
Calendar Year-To-Date Per Election for Office Sought 15000.00			Disbursement For: ☒ Primary ☐ General 2016 ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ President ☐ Senate District: State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	15000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not 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.

SCOTT MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
02 / 02 / 2016

Signature