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

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			
Т	EA PARTY MAJORITY FUND		C C00566174
			O cocciii
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
	Mailing Address 325 SPRINGSIDE DR		02 15 2019 Amount
	City State	Zip Code	100000.00
	AKRON OH	44333	Transaction ID : SE.4112 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	02 15 7 2019
	Name of Federal Candidate	x Support	Office Sought: House District:00
	TRUMP, DONALD J, , ,	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	132000.00	Disbursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
1			M M / D D / Y Y Y Y
1	Mailing Address		Amount
1			, and an
1	City State	Zip Code	
1			Date of Disbursement or Obligation
	Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
1	Name of Federal Candidate	Support	Office Sought: House District:
		Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures		100000.00
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, , , [Electronic Signature]	ically Filed] Date	02 16 2019
	g		