

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		<input type="text" value="15536.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15536.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="900560.87"/>	<input type="text" value="900560.87"/>
(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="1056097.50"/>	<input type="text" value="1056097.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1021518.90"/>	<input type="text" value="1021518.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34578.60"/>	<input type="text" value="34578.60"/>
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="25682.60"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

TEA PARTY MAJORITY FUND

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	25683.00	25683.00
(ii) Unitemized	874877.87	874877.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	900560.87	900560.87
(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)	900560.87	900560.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	900560.87	900560.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	900560.87	900560.87

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	847101.50	847101.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	847101.50	847101.50
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)	174317.40	174317.40
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1021518.90	1021518.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1021518.90	1021518.90

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)	900560.87	900560.87
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	900460.87	900460.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	847101.50	847101.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	847101.50	847101.50

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

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

FOR LINE NUMBER: PAGE 6 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. MR RAMIN AKHBARI 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 MARIANNA WAY
 City State Zip Code
 CAMPBELL CA 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HITAIL SELF EMPLOYED
 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
 06 / 22 / 2015
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period
 150.00

B. MR RAMIN AKHBARI 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 MARIANNA WAY
 City State Zip Code
 CAMPBELL CA 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HITAIL SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period
 50.00

C. MS KATHERINE C ARTHUR 285
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 SHEPARD ST
 City State Zip Code
 MOREHEAD CITY NC 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.5497
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 7 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MARGARET AUSTIN 850
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 E FLOWER ST
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.5652
 Amount of Each Receipt this Period
 50.00

B. MR DANIEL BARBER 380
 Full Name (Last, First, Middle Initial)
 Mailing Address 2337 BEECHAM PL N
 City CORDOVA State TN Zip Code 38016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.5954
 Amount of Each Receipt this Period
 100.00

C. MR RANDY BENNETT 672
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 N LITCHFIELD ST
 City WICHITA State KS Zip Code 67203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.6637
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 192
	(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. MR JAMES BLACKMAN 446
 Full Name (Last, First, Middle Initial)
 Mailing Address 5871 ELY RD
 City WOOSTER State OH Zip Code 44691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.7055
 Amount of Each Receipt this Period
 200.00

B. MR DICK BOWMAN 968
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 KAPIOLANI BLVD
 APT 1204
 City HONOLULU State HI Zip Code 96813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.7583
 Amount of Each Receipt this Period
 88.00

C. MR HOWARD BREBECK 168
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 W GATESBURG RD
 City WARRIORS MARK State PA Zip Code 16877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 05 / 01 / 2015
Transaction ID : SA11AI.7806
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	388.00
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 9 OF 192
	(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. MR HOWARD BREBECK 168
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 W GATESBURG RD
 City WARRIORS MARK State PA Zip Code 16877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : SA11AI.7807
 Amount of Each Receipt this Period
 100.00

B. MS LINDA BROWN 863
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N WIDE OPEN TRL
 City PRESCOTT VLY State AZ Zip Code 86314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.8252
 Amount of Each Receipt this Period
 200.00

C. MR CHARLES H BRUNIE 068
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PARTRIDGE HOLLOW RD
 City GREENWICH State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.8328
 Amount of Each Receipt this Period
 300.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REFUSED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.8707
 Amount of Each Receipt this Period
 250.00

B. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REFUSED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : SA11AI.8708
 Amount of Each Receipt this Period
 20.00

C. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REFUSED Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.8706
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.00
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 11 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS ANN BUSSEN 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 13020 PEMBROOKE VALLEY CT
 City SAINT LOUIS State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.8755
 Amount of Each Receipt this Period
 200.00

B. MR G M CANDELA 110
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 RIBBON ST
 City FRANKLIN SQUARE State NY Zip Code 11010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNEMPLOYED Occupation CUSTOMER SERVICE REPRESENTATIVE
 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 / 2015
Transaction ID : SA11AI.9061
 Amount of Each Receipt this Period
 250.00

C. MS MARLENE CASEY 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 RIVER RD
 City NEW MILFORD State NJ Zip Code 07646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPITAL ALTERNATIVE CORPO Occupation 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
 06 / 17 / 2015
Transaction ID : SA11AI.9372
 Amount of Each Receipt this Period
 250.00

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: PAGE 12 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS FRANCES CODY 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 7501 E THOMPSON PEAK PKWY UNIT
 City State Zip Code
 SCOTTSDALE AZ 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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 / 06 / 2015
Transaction ID : SA11AI.10101
 Amount of Each Receipt this Period
 250.00

B. MR FRANCIS COLLINS 954
 Full Name (Last, First, Middle Initial)
 Mailing Address 17020 PARK AVE
 City State Zip Code
 SONOMA CA 95476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED BUILDER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.10234
 Amount of Each Receipt this Period
 300.00

C. MR IRA COMBS 492
 Full Name (Last, First, Middle Initial)
 Mailing Address 4580 EAGLE DR
 City State Zip Code
 JACKSON MI 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CCH INC ADMINISTRATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.10270
 Amount of Each Receipt this Period
 200.00

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 192
	<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. MR JOSEPH COSTELLO 606

Full Name (Last, First, Middle Initial)
Mailing Address 600 N DEARBORN ST
APT 1401

City CHICAGO State IL Zip Code 60654

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

Name of Employer KROGERS Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 / 08 / 2015
Transaction ID : SA11AI.10652

Amount of Each Receipt this Period
300.00

B. MR JOSEPH COSTELLO 606

Full Name (Last, First, Middle Initial)
Mailing Address 600 N DEARBORN ST
APT 1401

City CHICAGO State IL Zip Code 60654

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

Name of Employer KROGERS Occupation SELF EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 10 / 2015
Transaction ID : SA11AI.10651

Amount of Each Receipt this Period
300.00

C. MS MARGARET COWAN 070

Full Name (Last, First, Middle Initial)
Mailing Address 85 HELEN ST

City FANWOOD State NJ Zip Code 07023

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 05 / 2015
Transaction ID : SA11AI.10723

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 192
	<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. MR JACK E CUTTING 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 17327 VILLAGE BREEZE DR
 City TOMBALL State TX Zip Code 77377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TCPN Occupation CUSTOMER SERVICE REPRESN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.11190
 Amount of Each Receipt this Period
 200.00

B. MR MILLARD E DAILEY 622
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 ROSELAWN AVE
 City FAIRVIEW HEIGHTS State IL Zip Code 62208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.11229
 Amount of Each Receipt this Period
 300.00

C. MR JAMES DENTINGER 680
 Full Name (Last, First, Middle Initial)
 Mailing Address 1012 E CARY ST
 City PAPILLION State NE Zip Code 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.11841
 Amount of Each Receipt this Period
 150.00

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 15 OF 192
	<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. MR OTIS E DOTSON 242

Full Name (Last, First, Middle Initial)
Mailing Address 9517 DOTSON HOLLOW RD

City POUND	State VA	Zip Code 24279
---------------	-------------	-------------------

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

Name of Employer RET	Occupation RETIRED
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2015
Transaction ID : SA11AI.12278

Amount of Each Receipt this Period
250.00

B. MR OTIS E DOTSON 242

Full Name (Last, First, Middle Initial)
Mailing Address 9517 DOTSON HOLLOW RD

City POUND	State VA	Zip Code 24279
---------------	-------------	-------------------

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

Name of Employer RET	Occupation RETIRED
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.12279

Amount of Each Receipt this Period
150.00

C. MS CATHY DUNCAN 934

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 816

City LOS ALAMOS	State CA	Zip Code 93440
--------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation
-----------------------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.12572

Amount of Each Receipt this Period
200.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS JOYCE C EDDY 305
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 RED DELICIOUS
 City CLARKESVILLE State GA Zip Code 30523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HABERSHAM Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.12856
 Amount of Each Receipt this Period
 200.00

B. MS LOIS EDGERLY 021
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 HIGHLAND ST
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.12873
 Amount of Each Receipt this Period
 200.00

C. MS LOIS EDGERLY 021
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 HIGHLAND ST
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.12872
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 17 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ROY EHLERS 902
 Full Name (Last, First, Middle Initial)
 Mailing Address 4735 W BROADWAY APT 15
 City HAWTHORNE State CA Zip Code 90250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : SA11AI.12973
 Amount of Each Receipt this Period
 100.00

B. MR DUANE J FARR 554
 Full Name (Last, First, Middle Initial)
 Mailing Address 2330 WINFIELD AVE
 City MINNEAPOLIS State MN Zip Code 55422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.13557
 Amount of Each Receipt this Period
 100.00

C. MS MARGARET L FLEENOR 352
 Full Name (Last, First, Middle Initial)
 Mailing Address 3517 LENOX RD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : SA11AI.13992
 Amount of Each Receipt this Period
 250.00

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: PAGE 18 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. MS GERALDINE FOX 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 FANFARE WAY
 APT 7306
 City ALPHARETTA State GA Zip Code 30009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : SA11AI.14275
 Amount of Each Receipt this Period
 200.00

B. MS ANN M GEORGE 109
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 LEEWARD DR
 City HAVERSTRAW State NY Zip Code 10927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.15039
 Amount of Each Receipt this Period
 100.00

C. ROBERT A HALL 864
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 LAKESIDE DR 359
 City BULLHEAD CITY State AZ Zip Code 86442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.16488
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 19 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR WILLARD L HARBACH 610
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 N STAGECOACH TRL
 City WARREN State IL Zip Code 61087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11Al.16723
 Amount of Each Receipt this Period
 300.00

B. MRS PEGGY HARD 494
 Full Name (Last, First, Middle Initial)
 Mailing Address 11806 WILSON ST
 City COOPERSVILLE State MI Zip Code 49404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11Al.16736
 Amount of Each Receipt this Period
 50.00

C. MS RUTH T HAWK 452
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 INGLESIDE AVE
 UNIT 9B
 City CINCINNATI State OH Zip Code 45206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11Al.17110
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 20 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR SABAH B HEIM 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 14440 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : SA11AI.17354
 Amount of Each Receipt this Period
 500.00

B. MR SABAH B HEIM 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 14440 OLD SEWARD HWY
 City ANCHORAGE State AK Zip Code 99515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 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
 05 / 27 / 2015
Transaction ID : SA11AI.17355
 Amount of Each Receipt this Period
 500.00

C. MS LAUREL HIPPENSTEEL 170
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 MARKET ST
 City NEW CUMBERLND State PA Zip Code 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.17910
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00
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 192
	<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

Full Name (Last, First, Middle Initial) A. MS LAUREL HIPPENSTEEL 170		Date of Receipt
Mailing Address 222 MARKET ST		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW CUMBERLND	PA	17070
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.17909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR ROBERT S HUTCHISON 902		Date of Receipt
Mailing Address 1716 PASEO DEL MAR		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
PALOS VERDES ESTAT	CA	90274
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.18790
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
HUTCHISON CORP	BUILDER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR WILLIAM L IRWIN 217		Date of Receipt
Mailing Address 7105 UNAKITE CT		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDDLETOWN	MD	21769
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.18916
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="675.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 192
	(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. MR ARVIN JANZEN 807
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 EDISON ST
 City BRUSH State CO Zip Code 80723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer A&R AUTOMOTIVE Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : SA11AI.19176
 Amount of Each Receipt this Period
 200.00

B. MR PAUL A JOHNSON 651
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 DAISY LN
 City JEFFERSON CITY State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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
 04 / 08 / 2015
Transaction ID : SA11AI.19507
 Amount of Each Receipt this Period
 500.00

C. MS PAULINE JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD
 UNIT 1013
 City HIGHLANDS RANCH State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.19759
 Amount of Each Receipt this Period
 200.00

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:	PAGE 23 OF 192
	(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

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

Full Name (Last, First, Middle Initial) A. MS PAULINE JONES 801		Date of Receipt
Mailing Address 3091 MILL VISTA RD UNIT 1013		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
HIGHLANDS RANCH	CO	80129
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19761
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. MS MARION E KINTNER 974		Date of Receipt
Mailing Address 2114 LYNNE DR		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
NORTH BEND	OR	97459
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.20559
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MR JOSEPH F LOWREY 180		Date of Receipt
Mailing Address 140 SPRING BROOK TER		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
NAZARETH	PA	18064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.22560
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 24 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR PHILLIP LYMAN 824
 Full Name (Last, First, Middle Initial)
 Mailing Address 2852 E US HIGHWAY 16
 City State Zip Code
 TEN SLEEP WY 82442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED RANCHER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : SA11AI.22699
 Amount of Each Receipt this Period
 200.00

B. MR CHARLES LYNCH 453
 Full Name (Last, First, Middle Initial)
 Mailing Address 2051 STATE ROUTE 571
 City State Zip Code
 GREENVILLE OH 45331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.22715
 Amount of Each Receipt this Period
 200.00

C. MS PATRICIA C LYNCH 816
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2176
 City State Zip Code
 EDWARDS CO 81632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015
Transaction ID : SA11AI.22721
 Amount of Each Receipt this Period
 300.00

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: PAGE 25 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ROBERT E MALONE 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 18721 E BUCKSKIN DR
 City RIO VERDE State AZ Zip Code 85263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.23005
 Amount of Each Receipt this Period
 200.00

B. MRS KAREN L MARTINS 838
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1981
 City BONNERS FERRY State ID Zip Code 83805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.23385
 Amount of Each Receipt this Period
 150.00

C. MR JAMES H MAY 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 7728 SILVER MOON WAY
 City INDIANAPOLIS State IN Zip Code 46259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.23612
 Amount of Each Receipt this Period
 100.00

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: PAGE 26 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR RON MCKAY 790
 Full Name (Last, First, Middle Initial)
 Mailing Address 11670 COUNTY ROAD 44
 City State Zip Code
 DALHART TX 79022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.24080
 Amount of Each Receipt this Period
 100.00

B. MR RON MCKAY 790
 Full Name (Last, First, Middle Initial)
 Mailing Address 11670 COUNTY ROAD 44
 City State Zip Code
 DALHART TX 79022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : SA11AI.24079
 Amount of Each Receipt this Period
 50.00

C. MR KEITH MCLARNAN 394
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 DOVERCLIFF RD
 City State Zip Code
 HATTIESBURG MS 39402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : SA11AI.24139
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 27 OF 192
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. MS RITA MEEKS 476		Date of Receipt
Mailing Address 7922 JENNER RD		M M M / D D D / Y Y Y Y Y Y 02 / 11 / 2015
City	State	Zip Code
CHANDLER	IN	47610
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24364
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
TRUCKING COMPANY	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR WILLIAM MESEROLE 334		Date of Receipt
Mailing Address 720 BELLA VISTA CT S		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2015
City	State	Zip Code
JUPITER	FL	33477
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24524
C		Amount of Each Receipt this Period
		200.00
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		300.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR PETER MOLONEY 117		Date of Receipt
Mailing Address 10 SWAN VIEW DR		M M M / D D D / Y Y Y Y Y Y 01 / 07 / 2015
City	State	Zip Code
PATCHOGUE	NY	11772
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25159
C		Amount of Each Receipt this Period
		250.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00
<input type="checkbox"/> Other (specify) ▼		

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:	PAGE 28 OF 192
	(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

Full Name (Last, First, Middle Initial) A. MS VIRGINIA MOSBY 959		Date of Receipt
Mailing Address PO BOX 786		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
MAXWELL	CA	95955
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25575
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MS BARBARA MULLIS 317		Date of Receipt
Mailing Address 182 CENTURY RD E		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
LEESBURG	GA	31763
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25777
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR BRIAN NELSON 684		Date of Receipt
Mailing Address 12000 SW 14TH ST		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
ROCA	NE	68430
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26169
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="575.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 192
	<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. MR JOEL W NEWBY 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 7802 WICKERSHAM LN
 City HOUSTON State TX Zip Code 77063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2015
Transaction ID : SA11AI.26262
 Amount of Each Receipt this Period
 425.00

B. MR J W NEWBY 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 7802 WICKERSHAM LN
 City HOUSTON State TX Zip Code 77063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.26260
 Amount of Each Receipt this Period
 425.00

C. MR WINFORD T NOWELL 018
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ROLLINS ST
 City GROVELAND State MA Zip Code 01834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.26602
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 30 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS SARAH A NOZNISKY 142
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : SA11AI.26612
 Amount of Each Receipt this Period
 100.00

B. MS NANCY C OAKES 563
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 17TH ST N
 City SAINT CLOUD State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.26660
 Amount of Each Receipt this Period
 200.00

C. MS CONNIE ONEIL 681
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 N 159TH AVE
 City OMAHA State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.26903
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 31 OF 192
	<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. MS LINDA PRIDE 199
 Full Name (Last, First, Middle Initial)
 Mailing Address 14161 STEAMBOAT LANDING RD
 City MILTON State DE Zip Code 19968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEAM BOAT LANDING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : SA11AI.28620
 Amount of Each Receipt this Period
 200.00

B. MR GREGORY A PROUGH 894
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 LA JOLLA LN
 City SPARKS State NV Zip Code 89441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REAL ESTATE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : SA11AI.28672
 Amount of Each Receipt this Period
 250.00

C. MR KEVIN REEVES 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SAINT WILLIAMS LOOP
 City ROUND ROCK State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.29231
 Amount of Each Receipt this Period
 250.00

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 32 OF 192
	<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. MR KEVIN REEVES 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SAINT WILLIAMS LOOP
 City ROUND ROCK State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.29230
 Amount of Each Receipt this Period
 350.00

B. MR RICK REMINGTON 616
 Full Name (Last, First, Middle Initial)
 Mailing Address 8777 N PICTURE RIDGE RD
 City PEORIA State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAMPION EDGE Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.29323
 Amount of Each Receipt this Period
 250.00

C. MR LARRY REMPEL 154
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 STEPPING STONE RD
 City CONFLUENCE State PA Zip Code 15424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.29327
 Amount of Each Receipt this Period
 200.00

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:	PAGE 33 OF 192
	(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. MR ROBERT S RICE 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 8709 HAVENWOOD TRL
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS AND SHIELD OF TX Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.29504
 Amount of Each Receipt this Period
 250.00

B. MR NORMAN ROBERT 708
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 HERMADEL DR
 City BATON ROUGE State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.29812
 Amount of Each Receipt this Period
 200.00

C. MS PATRICIA RODENBAUGH 194
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 COUNTRY LN
 City PHOENIXVILLE State PA Zip Code 19460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 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
 04 / 20 / 2015
Transaction ID : SA11AI.29976
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1450.00
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 34 OF 192
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR CHARLES A ROPER 920
 Full Name (Last, First, Middle Initial)
 Mailing Address 6733 CANTIL ST
 City CARLSBAD State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.30155
 Amount of Each Receipt this Period
 50.00

B. MR TIMOTHY G ROTHWELL 085
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 SANDY RIDGE MOUNT AIRY RD
 City STOCKTON State NJ Zip Code 08559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : SA11AI.30298
 Amount of Each Receipt this Period
 250.00

C. MR GEORGE SANDERS 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 14131 MIDWAY RD
 City ADDISON State TX Zip Code 75001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.30725
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 35 OF 192
	(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. MR JOHN M SANSOM 325

Full Name (Last, First, Middle Initial)
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 ACCOUNTANT Occupation CUSTOMER SERVICE REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
03 / 05 / 2015
Transaction ID : SA11AI.30762

Amount of Each Receipt this Period
400.00

B. MR JOHN M SANSOM 325

Full Name (Last, First, Middle Initial)
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 ACCOUNTANT Occupation CUSTOMER SERVICE REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
05 / 29 / 2015
Transaction ID : SA11AI.30763

Amount of Each Receipt this Period
500.00

C. MR TERRY SCARBOROUGH 770

Full Name (Last, First, Middle Initial)
Mailing Address 5031 JACKWOOD ST

City HOUSTON State TX Zip Code 77096

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 29 / 2015
Transaction ID : SA11AI.30867

Amount of Each Receipt this Period
100.00

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:	PAGE 36 OF 192
	(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. MR STEVEN SEAWALT 779
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2183
 City VICTORIA State TX Zip Code 77902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACIT INDUSTRIAL Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.31415
 Amount of Each Receipt this Period
 200.00

B. MR PAUL SINGER 105
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 WINSOR PL
 City PURCHASE State NY Zip Code 10577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.32073
 Amount of Each Receipt this Period
 1000.00

C. P HARRISON SLOAN 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 476 BROOKSHIRE ST
 City POWELL State TX Zip Code 75153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.32204
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 37 OF 192
	<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. MR CHARLES E SPORCK 967
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 KAUMANA PL
 APT A
 City KAILUA State HI Zip Code 96734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : SA11AI.32889
 Amount of Each Receipt this Period
 250.00

B. GARNETTA STANYER 760
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 39
 City GRAPEVINE State TX Zip Code 76099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.33042
 Amount of Each Receipt this Period
 200.00

C. MR JACK STARKS 729
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 N 47TH ST
 City FORT SMITH State AR Zip Code 72904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.33069
 Amount of Each Receipt this Period
 200.00

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: PAGE 38 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS BETTY A STEINKE 970
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 98
 City SAINT HELENS State OR Zip Code 97051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.33189
 Amount of Each Receipt this Period
 100.00

B. MR DOUGLAS E SWANSON 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 10271 HAMPTON DR
 City ANCHORAGE State AK Zip Code 99507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CONICAL PHILLIPS ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2015
Transaction ID : SA11AI.33910
 Amount of Each Receipt this Period
 300.00

C. MS JANUARY SZWEDA 601
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 PEBBLEBROOK CIR
 City HANOVER PARK State IL Zip Code 60133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MILLER BEACH SALESMAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.34003
 Amount of Each Receipt this Period
 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 192
	<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. MR MICHAEL L TEAL 780
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 146
 City TILDEN State TX Zip Code 78072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RANCHER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 02 / 2015**
Transaction ID : SA11AI.34196
 Amount of Each Receipt this Period **500.00**

B. MR JOHN VRAB 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 13359 NORTH HIGHWAY 183
 406206
 City AUSTIN State TX Zip Code 78750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPACE COACH Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 17 / 2015**
Transaction ID : SA11AI.35730
 Amount of Each Receipt this Period **200.00**

C. MR JOHNNY WALL 383
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 WELCH LN
 City LAVINIA State TN Zip Code 38348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 08 / 2015**
Transaction ID : SA11AI.35878
 Amount of Each Receipt this Period **100.00**

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: PAGE 40 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MIRIAM WALTON 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 23205 FARMINGTON RD
 City FARMINGTON State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.35998
 Amount of Each Receipt this Period
 100.00

B. MS PENNY L WESTPHAL 945
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 WEBB LN
 City LAFAYETTE State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : SA11AI.36576
 Amount of Each Receipt this Period
 1000.00

C. LAJEAN C WHITCOMB 740
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 N COTTONWOOD RD
 City STILLWATER State OK Zip Code 74075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LACEBARK INC OFFICE MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.36652
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
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 41 OF 192
	(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

Full Name (Last, First, Middle Initial) A. DONALD A WILLETT 484		Date of Receipt
Mailing Address 3557 KINGS MILL RD		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
NORTH BRANCH	MI	48461
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.36945
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MS ANITA WILLIAMS 671		Date of Receipt
Mailing Address 1400 MAPLE ST		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEWTON	KS	67114
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.37037
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS BARBARA J WINTERLAND 617		Date of Receipt
Mailing Address PO BOX 212		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
FAIRBURY	IL	61739
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.37312
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 42 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DON WITT 760
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 COUNTY ROAD 913
 City State Zip Code
 JOSHUA TX 76058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.37362
 Amount of Each Receipt this Period
 100.00

B. MR RONALD WOOLEY 776
 Full Name (Last, First, Middle Initial)
 Mailing Address 2366 BEVERLY ST
 City State Zip Code
 BRIDGE CITY TX 77611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.37553
 Amount of Each Receipt this Period
 150.00

C. MR RALPH WRIGHT 630
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 SUMMER OAK DR
 City State Zip Code
 BALLWIN MO 63021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 US GOVERNMENT GOVERNMENT EMPLOYEE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.37616
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 43 OF 192
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ORVAN YODER 465
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 144
 City TOPEKA State IN Zip Code 46571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OK SAW AND TOOL INC Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.37744
 Amount of Each Receipt this Period
 50.00

B. MR LEON ZIMMERMAN 175
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 SILVERWOOD DR
 City LITITZ State PA Zip Code 17543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : SA11AI.37968
 Amount of Each Receipt this Period
 250.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	25683.00

**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4435
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 481.13
Candidate Name TEA PARTY MAJORITY FUND		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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4447
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 2884.17
Candidate Name TEA PARTY MAJORITY FUND		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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4448
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 778.33
Candidate Name TEA PARTY MAJORITY FUND		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).....	4143.63
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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4449
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES		Amount of Each Disbursement this Period 66.14
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 15 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4441
City FAIRFAX	State VA	
Purpose of Disbursement ACCOUNT ANALYSIS FEE		Amount of Each Disbursement this Period 649.25
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4450
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES		Amount of Each Disbursement this Period 1993.17
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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).....▶	2708.56
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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4451

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

580.44

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4452

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

47.11

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4436

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

395.39

Purpose of Disbursement
AMEX DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

1022.94

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
02		13		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4442

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001
Category/ Type

Amount of Each Disbursement this Period

426.83

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4453

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

2108.63

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4454

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

623.25

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

3158.71

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4455

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

861.15

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4437

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

315.58

Purpose of Disbursement
AMEX DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4443

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

496.95

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

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

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

861.15

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
04		06		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4438

Purpose of Disbursement
AMEX DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

226.07

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
04		06		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4456

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

1395.35

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
04		06		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4457

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

559.98

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

2181.40

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : **SB21B.4458**

Amount of Each Disbursement this Period

32.07

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2015

Transaction ID : **SB21B.4444**

Amount of Each Disbursement this Period

440.29

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB21B.4459**

Amount of Each Disbursement this Period

1917.74

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

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

2390.10

**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB21B.4460**

Amount of Each Disbursement this Period

443.99

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB21B.4461**

Amount of Each Disbursement this Period

44.26

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
AMEX DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : **SB21B.4439**

Amount of Each Disbursement this Period

303.63

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

791.88

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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2015

Transaction ID : **SB21B.4445**

Amount of Each Disbursement this Period

521.54

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : **SB21B.4462**

Amount of Each Disbursement this Period

1954.27

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2015

Transaction ID : **SB21B.4463**

Amount of Each Disbursement this Period

538.66

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

3014.47

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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4464
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES		Amount of Each Disbursement this Period 44.03
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4440
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES		Amount of Each Disbursement this Period 277.73
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 12 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4446
City FAIRFAX	State VA	
Purpose of Disbursement ACCOUNT ANALYSIS FEE		Amount of Each Disbursement this Period 360.95
Candidate Name TEA PARTY MAJORITY FUND		Category/ Type 001
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).....▶	682.71
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"/> 24	<input type="checkbox"/> 25	<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. JAMES D HAGUE

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
LIST RENTALS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : **SB21B.4469**

Amount of Each Disbursement this Period

3678.50

Full Name (Last, First, Middle Initial)

B. JAMES D HAGUE

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
LIST RENTALS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : **SB21B.4471**

Amount of Each Disbursement this Period

805.00

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKEETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : **SB21B.4482**

Amount of Each Disbursement this Period

91593.65

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

96077.15

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4483
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 76246.88	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4484
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 29487.02	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4485
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 45731.19	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	151465.09
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"/> 24	<input type="checkbox"/> 25	<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 DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2015

Transaction ID : SB21B.4486

Amount of Each Disbursement this Period

19206.25

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2015

Transaction ID : SB21B.4487

Amount of Each Disbursement this Period

60191.23

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2015

Transaction ID : SB21B.4488

Amount of Each Disbursement this Period

54587.41

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

133984.89

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
02		17		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4489

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

33167.34

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
02		27		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4490

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

17677.06

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4491

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

28772.54

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

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

79616.94

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : SB21B.4492

Amount of Each Disbursement this Period

45749.93

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2015

Transaction ID : SB21B.4493

Amount of Each Disbursement this Period

16306.73

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.4494

Amount of Each Disbursement this Period

23681.50

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

85738.16

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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4495
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 37138.60	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 13 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4496
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 29747.45	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 04 / 17 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4497
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 39630.67	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	106516.72
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"/> 24	<input type="checkbox"/> 25	<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 DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	5

Transaction ID : SB21B.4498

Amount of Each Disbursement this Period

2	5	5	2	.	8	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	5

Transaction ID : SB21B.4499

Amount of Each Disbursement this Period

3	3	1	5	.	8	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	5

Transaction ID : SB21B.4500

Amount of Each Disbursement this Period

3	2	2	5	.	8	4
---	---	---	---	---	---	---

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

9	0	9	6	.	1	2
---	---	---	---	---	---	---

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

9	0	9	6	.	1	2
---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

Mailing Address 325 SPRINGSIDE DR

Transaction ID : SB21B.4501

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

23663.41

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2015

Mailing Address 325 SPRINGSIDE DR

Transaction ID : SB21B.4502

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

33369.47

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LYNNBURN COMMUNICATIONS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Mailing Address 39 CEDARWOOD LN

Transaction ID : SB21B.4472

City CHADDS FORD State PA Zip Code 19317

Amount of Each Disbursement this Period

3750.00

Purpose of Disbursement
DONOR FILE UPDATE, LIST SELECTION OUTPUT

003
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

60782.88

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2015

Transaction ID : SB21B.4476

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : SB21B.4477

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : SB21B.4478

Amount of Each Disbursement this Period

3500.00

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

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SB21B.4479

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SB21B.4480

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : SB21B.4481

Amount of Each Disbursement this Period

3500.00

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

10500.00

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

847101.50

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 64 OF 192
	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
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4661	
Amount Incurred This Period <input type="text" value="25682.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25682.60"/>

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

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 <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="25682.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="25682.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="25682.60"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3093.19
City AKRON State OH Zip Code 44333	Transaction ID : SE.4167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: AL
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 449.62
City AKRON State OH Zip Code 44333	Transaction ID : SE.4169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: AK
Calendar Year-To-Date Per Election for Office Sought 0.00	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4087.72
City AKRON State OH Zip Code 44333	Transaction ID : SE.4170
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1874.55
City AKRON State OH Zip Code 44333	Transaction ID : SE.4171
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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 0.00	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 23916.75
City AKRON State OH Zip Code 44333	Transaction ID : SE.4172
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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: CA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3270.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4173
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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: CO
Calendar Year-To-Date Per Election for Office Sought 0.00	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2337.31
Transaction ID : SE.4174
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: CT
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
591.16
Transaction ID : SE.4175
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: DE
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.

SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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 DR
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General 2016

Date of Public Distribution/Dissemination: 06/01/2015
Amount: 12676.31
Transaction ID: SE.4176
Date of Disbursement or Obligation: 06/01/2015

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DR
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General 2016

Date of Public Distribution/Dissemination: 06/01/2015
Amount: 6164.63
Transaction ID: SE.4177
Date of Disbursement or Obligation: 06/01/2015

(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.

Signature: SCOTT B MACKENZIE
Date: 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . M M 900.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.4178 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: HI
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . M M 973.56
City AKRON State OH Zip Code 44333	Transaction ID : SE.4179 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: ID
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 0.00	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 M M M M . M M 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M M M . M M
(c) TOTAL Independent Expenditures.....▶	M M M M M M . M M

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 8222.86
Transaction ID: SE.4180
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 4139.84
Transaction ID: SE.4181
Date of Disbursement or Obligation 06/01/2015
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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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1967.48
Transaction ID: SE.4182
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1807.07
Transaction ID: SE.4183
Date of Disbursement or Obligation 06/01/2015
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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SCOTT B MACKENZIE
[Electronically Filed]
Date 07/27/2015
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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2817.84	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4184
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: KY
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 INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2908.92	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4185
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: LA
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..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date MM / DD / YYYY 07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 0.00
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.
SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
4361.33
Transaction ID : SE.4188
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: MA
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
6379.24
Transaction ID : SE.4189
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: MI
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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SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3422.85
Transaction ID : SE.4190
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1875.20
Transaction ID : SE.4191
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MS
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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SCOTT B MACKENZIE

[Electronically Filed]

Date

07/27/2015

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . 0 0 3869.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4192 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: <u>00</u> State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . 0 0 652.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4193 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: <u>00</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 0 0 0.00	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 M M M M . 0 0 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M . 0 0
(c) TOTAL Independent Expenditures..... ▶	M M M M M M . 0 0

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1163.50
City AKRON State OH Zip Code 44333	Transaction ID : SE.4194 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: NE
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1733.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4195 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: NV
Calendar Year-To-Date Per Election for Office Sought 0.00	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 873.70	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4196
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: NH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 5704.29	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4197
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: NJ
Calendar Year-To-Date Per Election for Office Sought 0.00		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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SCOTT B MACKENZIE

Signature _____ Date MM / DD / YYYY 07 / 27 / 2015

[Electronically Filed]

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1315.17
Transaction ID : SE.4198
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: NM
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 12774.00
Transaction ID : SE.4199
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: NY
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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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . M M 6201.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4200 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: NC
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M . M M 448.36
City AKRON State OH Zip Code 44333	Transaction ID : SE.4201 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type M M M 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: ND
Calendar Year-To-Date Per Election for Office Sought M M M M M M . M M 0.00	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 M M M M . M M 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M . M M
(c) TOTAL Independent Expenditures..... ▶	M M M M M M . M M

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SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 7449.25
Transaction ID : SE.4202
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 2402.91
Transaction ID : SE.4203
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: OK
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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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2531.45	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4204
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: OR
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 8400.09	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4205
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: PA
Calendar Year-To-Date Per Election for Office Sought 0.00		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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SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 699.97
Transaction ID : SE.4206
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: RI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3028.45
Transaction ID : SE.4207
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: SC
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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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 522.54
City AKRON State OH Zip Code 44333	Transaction ID : SE.4208 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4133.02
City AKRON State OH Zip Code 44333	Transaction ID : SE.4209 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: TN
Calendar Year-To-Date Per Election for Office Sought 0.00	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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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 15748.66
City AKRON State OH Zip Code 44333	Transaction ID : SE.4210 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1630.00
City AKRON State OH Zip Code 44333	Transaction ID : SE.4211 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 0.00	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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SCOTT B MACKENZIE

Signature _____ Date M M / D D / Y Y Y Y Y Y 07 / 27 / 2015

[Electronically Filed]

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 421.12
Transaction ID: SE.4212
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 5253.82
Transaction ID: SE.4213
Date of Disbursement or Obligation 06/01/2015
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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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4416.67
City AKRON State OH Zip Code 44333	Transaction ID : SE.4214 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1237.55
City AKRON State OH Zip Code 44333	Transaction ID : SE.4215 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: WV
Calendar Year-To-Date Per Election for Office Sought 0.00	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3690.65
City AKRON State OH Zip Code 44333	Transaction ID : SE.4216
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<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: WI
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) ▶
0.00	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 364.58
City AKRON State OH Zip Code 44333	Transaction ID : SE.4217
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<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: WY
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) ▶
0.00	

(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 431.43
City AKRON State OH Zip Code 44333	Transaction ID : SE.4218
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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: DC
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1666.25
City AKRON State OH Zip Code 44333	Transaction ID : SE.4506
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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 1666.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1666.25
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 183.28	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4507
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 183.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 764.11	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4508
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 764.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	947.39
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1260.85
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: AL
Calendar Year-To-Date Per Election for Office Sought	1260.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 9749.04
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: CA
Calendar Year-To-Date Per Election for Office Sought	9749.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11009.89
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1333.27
City AKRON State OH Zip Code 44333	Transaction ID : SE.4511 Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1333.27	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 952.74
City AKRON State OH Zip Code 44333	Transaction ID : SE.4512 Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 952.74	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2286.01
(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.

SCOTT B MACKENZIE *[Electronically Filed]* Date **07 / 27 / 2015**

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 240.97
City AKRON State OH Zip Code 44333	Transaction ID : SE.4513 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: DE
Calendar Year-To-Date Per Election for Office Sought 240.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5167.16
City AKRON State OH Zip Code 44333	Transaction ID : SE.4514 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: FL
Calendar Year-To-Date Per Election for Office Sought 5167.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5408.13
(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.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2512.84	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4515
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 2512.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 367.12	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4516
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>HI</u>
Calendar Year-To-Date Per Election for Office Sought 367.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2879.96
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 396.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4517 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: ID
Calendar Year-To-Date Per Election for Office Sought 396.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3351.83
City AKRON State OH Zip Code 44333	Transaction ID : SE.4518 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: IL
Calendar Year-To-Date Per Election for Office Sought 3351.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3748.68
(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.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 1687.49
Date of Public Distribution/Dissemination 06/01/2015
Amount 1687.49
Transaction ID: SE.4519
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 801.99
Date of Public Distribution/Dissemination 06/01/2015
Amount 801.99
Transaction ID: SE.4520
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2489.48
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 736.60
Date of Public Distribution/Dissemination 06/01/2015
Amount 736.60
Transaction ID: SE.4521
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1148.61
Date of Public Distribution/Dissemination 06/01/2015
Amount 1148.61
Transaction ID: SE.4522
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1885.21
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1185.74	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4523
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		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 1185.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 363.26	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4524
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought 363.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1549.00
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1537.36
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>MD</u>
Calendar Year-To-Date Per Election for Office Sought	1537.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1777.78
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>MA</u>
Calendar Year-To-Date Per Election for Office Sought	1777.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3315.14
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 2600.32
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>MI</u>
Calendar Year-To-Date Per Election for Office Sought	2600.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1395.23
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>MN</u>
Calendar Year-To-Date Per Election for Office Sought	1395.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3995.55
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 764.37
City AKRON State OH Zip Code 44333	Transaction ID : SE.4529 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MS
Calendar Year-To-Date Per Election for Office Sought 764.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1577.46
City AKRON State OH Zip Code 44333	Transaction ID : SE.4530 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MO
Calendar Year-To-Date Per Election for Office Sought 1577.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2341.83
(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.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 266.14	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4531
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>MT</u>
Calendar Year-To-Date Per Election for Office Sought 266.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 474.27	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4532
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>NE</u>
Calendar Year-To-Date Per Election for Office Sought 474.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	740.41
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 706.49
City AKRON State OH Zip Code 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 706.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 356.14
City AKRON State OH Zip Code 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 356.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1062.63
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2325.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4535 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: NJ
Calendar Year-To-Date Per Election for Office Sought 2325.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 536.09
City AKRON State OH Zip Code 44333	Transaction ID : SE.4536 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: NM
Calendar Year-To-Date Per Election for Office Sought 536.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2861.29
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 5206.97	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4537
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 5206.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2527.75	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4538
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 2527.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7734.72
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 182.76	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4539
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 182.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3036.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4540
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 3036.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3219.25
(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.

SCOTT B MACKENZIE
 Signature

[Electronically Filed] Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 979.48
City AKRON State OH Zip Code 44333	Transaction ID : SE.4541 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: OK
Calendar Year-To-Date Per Election for Office Sought 979.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1031.88
City AKRON State OH Zip Code 44333	Transaction ID : SE.4542 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: OR
Calendar Year-To-Date Per Election for Office Sought 1031.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2011.36
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3424.07
Date of Public Distribution/Dissemination 06/01/2015
Amount 3424.07
Transaction ID: SE.4543
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 285.32
Date of Public Distribution/Dissemination 06/01/2015
Amount 285.32
Transaction ID: SE.4544
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3709.39
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1234.47
City AKRON State OH Zip Code 44333	Transaction ID : SE.4545 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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 1234.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 213.00
City AKRON State OH Zip Code 44333	Transaction ID : SE.4546 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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 213.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1447.47
(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.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1684.71	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4547
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>TN</u>
Calendar Year-To-Date Per Election for Office Sought 1684.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 6419.51	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4548
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>TX</u>
Calendar Year-To-Date Per Election for Office Sought 6419.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8104.22
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 664.43	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4549
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>UT</u>
Calendar Year-To-Date Per Election for Office Sought 664.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 171.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4550
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>VT</u>
Calendar Year-To-Date Per Election for Office Sought 171.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	836.09
(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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 2141.58
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>VA</u>
Calendar Year-To-Date Per Election for Office Sought	2141.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1800.34
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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	1800.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3941.92
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 504.46	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4553
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 504.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1504.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4554
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>WI</u>
Calendar Year-To-Date Per Election for Office Sought 1504.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2008.85
(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.

SCOTT B MACKENZIE

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 148.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4555
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<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		148.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 175.86	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4556
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought		175.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	324.47
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 882.29
Transaction ID : SE.4557
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2143.14
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 128.25
Transaction ID : SE.4558
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 311.53
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1010.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1165.96
City AKRON State OH Zip Code 44333	Transaction ID : SE.4559 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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 2832.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 534.69
City AKRON State OH Zip Code 44333	Transaction ID : SE.4560 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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 1298.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1700.65
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 6821.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4561 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: CA
Calendar Year-To-Date Per Election for Office Sought 16570.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 932.96
City AKRON State OH Zip Code 44333	Transaction ID : SE.4562 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: CO
Calendar Year-To-Date Per Election for Office Sought 2266.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7754.87
(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.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 666.68
City AKRON State OH Zip Code 44333	Transaction ID : SE.4563 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: CT
Calendar Year-To-Date Per Election for Office Sought 1619.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 168.62
City AKRON State OH Zip Code 44333	Transaction ID : SE.4564 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: DE
Calendar Year-To-Date Per Election for Office Sought 409.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	835.30
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 3615.73	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4565
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 8782.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1758.37	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4566
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 4271.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5374.10
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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 DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
256.89
Transaction ID : SE.4567
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
HI

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
624.01
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
277.69
Transaction ID : SE.4568
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
ID

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 534.58
(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.

SCOTT B MACKENZIE

[Electronically Filed]

Date

07 / 27 / 2015

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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2345.45
City AKRON State OH Zip Code 44333	Transaction ID : SE.4569 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5697.28	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1180.83
City AKRON State OH Zip Code 44333	Transaction ID : SE.4570 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2868.32	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3526.28
(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.

SCOTT B MACKENZIE [Electronically Filed] Date **07 / 27 / 2015**

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 561.20	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4571
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 1363.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 515.44	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4572
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 1252.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1076.64
(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.

SCOTT B MACKENZIE

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 803.75
City AKRON State OH Zip Code 44333	Transaction ID : SE.4573 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: KY
Calendar Year-To-Date Per Election for Office Sought 1952.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 829.73
City AKRON State OH Zip Code 44333	Transaction ID : SE.4574 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: LA
Calendar Year-To-Date Per Election for Office Sought 2015.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1633.48
(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.

SCOTT B MACKENZIE
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 254.19
City AKRON State OH Zip Code 44333	Transaction ID : SE.4575 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: ME
Calendar Year-To-Date Per Election for Office Sought 617.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1075.77
City AKRON State OH Zip Code 44333	Transaction ID : SE.4576 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MD
Calendar Year-To-Date Per Election for Office Sought 2613.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1329.96
(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.

SCOTT B MACKENZIE
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1244.01
City AKRON State OH Zip Code 44333	Transaction ID : SE.4577 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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>MA</u>
Calendar Year-To-Date Per Election for Office Sought 3021.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1819.59
City AKRON State OH Zip Code 44333	Transaction ID : SE.4578 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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>MI</u>
Calendar Year-To-Date Per Election for Office Sought 4419.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3063.60
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2371.55
Date of Public Distribution/Dissemination 06/01/2015
Amount 976.32
Transaction ID: SE.4579
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1299.24
Date of Public Distribution/Dissemination 06/01/2015
Amount 534.87
Transaction ID: SE.4580
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1511.19
(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.
SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1103.84
City AKRON State OH Zip Code 44333	Transaction ID : SE.4581 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MO
Calendar Year-To-Date Per Election for Office Sought 2681.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 186.23
City AKRON State OH Zip Code 44333	Transaction ID : SE.4582 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MT
Calendar Year-To-Date Per Election for Office Sought 452.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1290.07
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 331.87
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.4583 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>NE</u>
Calendar Year-To-Date Per Election for Office Sought	806.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 494.37
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.4584 Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>NV</u>
Calendar Year-To-Date Per Election for Office Sought	1200.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	826.24
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

[Electronically Filed]

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 DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
605.35

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
249.21
Transaction ID : SE.4585
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: NH
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3952.27

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1627.07
Transaction ID : SE.4586
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: NJ
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1876.28
(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.

SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 911.22
Date of Public Distribution/Dissemination 06/01/2015
Amount 375.13
Transaction ID : SE.4587
Date of Disbursement or Obligation 06/15/2015
Office Sought: President
Disbursement For: General

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 8850.57
Date of Public Distribution/Dissemination 06/01/2015
Amount 3643.60
Transaction ID : SE.4588
Date of Disbursement or Obligation 06/15/2015
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 4018.73
(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.
SCOTT B MACKENZIE
[Electronically Filed]
Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1768.80
City AKRON State OH Zip Code 44333	Transaction ID : SE.4589 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: NC
Calendar Year-To-Date Per Election for Office Sought 4296.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 127.89
City AKRON State OH Zip Code 44333	Transaction ID : SE.4590 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: ND
Calendar Year-To-Date Per Election for Office Sought 310.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1896.69
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2124.79
City AKRON State OH Zip Code 44333	Transaction ID : SE.4591 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: OH
Calendar Year-To-Date Per Election for Office Sought 5161.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 685.39
City AKRON State OH Zip Code 44333	Transaction ID : SE.4592 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: OK
Calendar Year-To-Date Per Election for Office Sought 1664.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2810.18
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Calendar Year-To-Date
Per Election for Office Sought
1753.94

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
722.06
Transaction ID : SE.4593
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought:
House District: 00
President Senate State: OR
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Calendar Year-To-Date
Per Election for Office Sought
5820.07

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2396.00
Transaction ID : SE.4594
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought:
House District: 00
President Senate State: PA
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3118.06
(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.

SCOTT B MACKENZIE
[Electronically Filed]
Date
07 / 27 / 2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 199.66
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: RI
Calendar Year-To-Date Per Election for Office Sought	484.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 863.82
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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	2098.29	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1063.48
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 149.05	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4597
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 362.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1178.88	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4598
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 2863.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1327.93
(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.

SCOTT B MACKENZIE
 Signature

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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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 4492.08	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4599
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>TX</u>
Calendar Year-To-Date Per Election for Office Sought 10911.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 464.93	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4600
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>UT</u>
Calendar Year-To-Date Per Election for Office Sought 1129.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4957.01
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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 DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
120.12
Transaction ID : SE.4601
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
VT

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
291.78
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1498.58
Transaction ID : SE.4602
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
VA

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 1618.70
(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.

SCOTT B MACKENZIE

[Electronically Filed]

Date 07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1259.79	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4603
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: <u>00</u> State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 3060.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 352.99	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4604
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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: <u>00</u> State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought 857.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1612.78
(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.

SCOTT B MACKENZIE

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1052.70	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4605
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought	2557.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 103.99	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4606
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought	252.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1156.69
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 123.06
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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>DC</u>
Calendar Year-To-Date Per Election for Office Sought	298.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 552.84
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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	2695.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	675.90
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 80.36
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: AK
Calendar Year-To-Date Per Election for Office Sought	391.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 730.59
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<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	3562.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	810.95
(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.

SCOTT B MACKENZIE

Signature _____ Date MM / DD / YYYY 07 / 27 / 2015

[Electronically Filed]

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 335.04	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4611
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 1633.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 4274.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4612
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>CA</u>
Calendar Year-To-Date Per Election for Office Sought 20845.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4609.65
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 584.59
City AKRON State OH Zip Code 44333	Transaction ID : SE.4613 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: CO
Calendar Year-To-Date Per Election for Office Sought 2850.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 417.74
City AKRON State OH Zip Code 44333	Transaction ID : SE.4614 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: CT
Calendar Year-To-Date Per Election for Office Sought 2037.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1002.33
(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.

SCOTT B MACKENZIE
Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 105.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4615
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>DE</u>
Calendar Year-To-Date Per Election for Office Sought 515.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2265.62	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4616
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 11048.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2371.28
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5373.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1101.79
Transaction ID: SE.4617
Date of Disbursement or Obligation 06/18/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 784.98
Date of Public Distribution/Dissemination 06/01/2015
Amount 160.97
Transaction ID: SE.4618
Date of Disbursement or Obligation 06/18/2015

(a) SUBTOTAL of Itemized Independent Expenditures 1262.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 07/27/2015
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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 848.54
Date of Public Distribution/Dissemination 06/01/2015
Amount 174.00
Transaction ID: SE.4619
Date of Disbursement or Obligation 06/18/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 7166.94
Date of Public Distribution/Dissemination 06/01/2015
Amount 1469.66
Transaction ID: SE.4620
Date of Disbursement or Obligation 06/18/2015

(a) SUBTOTAL of Itemized Independent Expenditures 1643.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 3608.23
Date of Public Distribution/Dissemination 06/01/2015
Amount 739.91
Transaction ID: SE.4621
Date of Disbursement or Obligation 06/18/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1714.84
Date of Public Distribution/Dissemination 06/01/2015
Amount 351.65
Transaction ID: SE.4622
Date of Disbursement or Obligation 06/18/2015

(a) SUBTOTAL of Itemized Independent Expenditures 1091.56
(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.
SCOTT B MACKENZIE
[Electronically Filed]
Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 322.97
City AKRON State OH Zip Code 44333	Transaction ID : SE.4623 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: KS
Calendar Year-To-Date Per Election for Office Sought 1575.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 503.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.4624 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: KY
Calendar Year-To-Date Per Election for Office Sought 2455.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	826.60
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 519.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4625 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2535.38	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 159.28
City AKRON State OH Zip Code 44333	Transaction ID : SE.4626 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 776.73	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	679.19
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 3287.21
Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 674.08
Transaction ID : SE.4627
Date of Disbursement or Obligation 06 / 18 / 2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 3801.28
Date of Public Distribution/Dissemination 06 / 01 / 2015
Amount 779.49
Transaction ID : SE.4628
Date of Disbursement or Obligation 06 / 18 / 2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1453.57
(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.
SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1140.15
City AKRON State OH Zip Code 44333	Transaction ID : SE.4629 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MI
Calendar Year-To-Date Per Election for Office Sought 5560.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 611.76
City AKRON State OH Zip Code 44333	Transaction ID : SE.4630 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: MN
Calendar Year-To-Date Per Election for Office Sought 2983.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1751.91
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 335.15	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4631
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought	1634.39	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 691.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4632
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought	3372.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1026.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

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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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 569.06
Date of Public Distribution/Dissemination 06/01/2015
Amount 116.69
Transaction ID: SE.4633
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 1014.09
Date of Public Distribution/Dissemination 06/01/2015
Amount 207.95
Transaction ID: SE.4634
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 324.64
(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.
SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 309.77	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4635
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>NV</u>
Calendar Year-To-Date Per Election for Office Sought 1510.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 156.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4636
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 761.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	465.93
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1019.52	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4637
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought	4971.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 235.06	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4638
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought	1146.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1254.58
(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.

SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

[Electronically Filed]

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 11133.65
Date of Public Distribution/Dissemination 06/01/2015
Amount 2283.08
Transaction ID: SE.4639
Date of Disbursement or Obligation 06/18/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 5404.88
Date of Public Distribution/Dissemination 06/01/2015
Amount 1108.33
Transaction ID: SE.4640
Date of Disbursement or Obligation 06/18/2015

(a) SUBTOTAL of Itemized Independent Expenditures 3391.41
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 2094.34
Date of Public Distribution/Dissemination 06/01/2015
Amount 429.47
Transaction ID: SE.4643
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 2206.38
Date of Public Distribution/Dissemination 06/01/2015
Amount 452.44
Transaction ID: SE.4644
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 881.91
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1501.34
City AKRON State OH Zip Code 44333	Transaction ID : SE.4645 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: PA
Calendar Year-To-Date Per Election for Office Sought 7321.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 125.10
City AKRON State OH Zip Code 44333	Transaction ID : SE.4646 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <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: RI
Calendar Year-To-Date Per Election for Office Sought 610.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1626.44
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: House District: 00 President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2639.56
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: House District: 00 President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 455.44
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 634.66
(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.
SCOTT B MACKENZIE [Electronically Filed] Date 07 27 2015
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 DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Calendar Year-To-Date
Per Election for Office Sought
3602.28

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
738.69
Transaction ID : SE.4649
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought:
House District: 00
President Senate State: TN
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Calendar Year-To-Date
Per Election for Office Sought
13726.33

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2814.74
Transaction ID : SE.4650
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought:
House District: 00
President Senate State: TX
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 3553.43
(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.
SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 291.33	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4651
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought 1420.69		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 75.27	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4652
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>VT</u>
Calendar Year-To-Date Per Election for Office Sought 367.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	366.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ Date **07 / 27 / 2015**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 939.01	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4653
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>VA</u>
Calendar Year-To-Date Per Election for Office Sought 4579.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 789.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4654
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 3849.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1728.40
(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.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 221.19	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4655
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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 1078.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 659.63	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4656
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<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>WI</u>
Calendar Year-To-Date Per Election for Office Sought 3216.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	880.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **07 / 27 / 2015**

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 DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 317.76
Date of Public Distribution/Dissemination 06/01/2015
Amount 65.16
Transaction ID: SE.4657
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 376.03
Date of Public Distribution/Dissemination 06/01/2015
Amount 77.11
Transaction ID: SE.4658
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 142.27
(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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3093.19
City AKRON State OH Zip Code 44333	Transaction ID : SE.4332 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AL
Calendar Year-To-Date Per Election for Office Sought 2695.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 449.62
City AKRON State OH Zip Code 44333	Transaction ID : SE.4333 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AK
Calendar Year-To-Date Per Election for Office Sought 391.89	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3562.80

Date of Public Distribution/Dissemination 06/23/2015
Amount 4087.72
Transaction ID : SE.4334
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: AZ
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1633.84

Date of Public Distribution/Dissemination 06/23/2015
Amount 1874.55
Transaction ID : SE.4335
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: AR
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.
SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 20845.56

Date of Public Distribution/Dissemination 06/23/2015
Amount 23916.75
Transaction ID : SE.4336
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: CA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2850.82

Date of Public Distribution/Dissemination 06/23/2015
Amount 3270.85
Transaction ID : SE.4337
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: CO
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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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2337.31
City AKRON State OH Zip Code 44333	Transaction ID : SE.4338 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: CT
Calendar Year-To-Date Per Election for Office Sought 2037.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 591.16
City AKRON State OH Zip Code 44333	Transaction ID : SE.4339 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: DE
Calendar Year-To-Date Per Election for Office Sought 515.25	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 376.03
Date of Public Distribution/Dissemination 06/23/2015
Amount 431.43
Transaction ID: SE.4340
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 11048.51
Date of Public Distribution/Dissemination 06/23/2015
Amount 12676.31
Transaction ID: SE.4341
Date of Disbursement or Obligation 06/23/2015
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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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5373.00

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
6164.63
Transaction ID : SE.4342
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: GA
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 784.98

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
900.63
Transaction ID : SE.4343
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: HI
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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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 848.54
Date of Public Distribution/Dissemination 06/23/2015
Amount 973.56
Transaction ID: SE.4344
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 7166.94
Date of Public Distribution/Dissemination 06/23/2015
Amount 8222.86
Transaction ID: SE.4345
Date of Disbursement or Obligation 06/23/2015
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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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 3608.23

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
4139.84
Transaction ID : SE.4346
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: IN
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1714.84

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1967.48
Transaction ID : SE.4347
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: IA
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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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1575.01
Date of Public Distribution/Dissemination 06/23/2015
Amount 1807.07
Transaction ID: SE.4348
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 2455.99
Date of Public Distribution/Dissemination 06/23/2015
Amount 2817.84
Transaction ID: SE.4349
Date of Disbursement or Obligation 06/23/2015
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.
SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2535.38
Date of Public Distribution/Dissemination 06/23/2015
Amount 2908.92
Transaction ID: SE.4350
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 776.73
Date of Public Distribution/Dissemination 06/23/2015
Amount 891.17
Transaction ID: SE.4351
Date of Disbursement or Obligation 06/23/2015
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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3287.21

Date of Public Distribution/Dissemination 06/23/2015
Amount 3771.52
Transaction ID : SE.4352
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: MD
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3801.28

Date of Public Distribution/Dissemination 06/23/2015
Amount 4361.33
Transaction ID : SE.4353
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: MA
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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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 5560.06

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
6379.24
Transaction ID : SE.4354
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MI
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2983.31

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
3422.85
Transaction ID : SE.4355
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MN
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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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1634.39

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1875.20
Transaction ID : SE.4356
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3372.96

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
3869.91
Transaction ID : SE.4357
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MO
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.
SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 569.06

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
652.91
Transaction ID : SE.4358
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MT
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1014.09

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1163.50
Transaction ID : SE.4359
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: NE
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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1510.63

Date of Public Distribution/Dissemination 06/23/2015
Amount 1733.20
Transaction ID : SE.4360
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NV
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 761.51

Date of Public Distribution/Dissemination 06/23/2015
Amount 873.70
Transaction ID : SE.4361
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NH
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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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5704.29
City AKRON State OH Zip Code 44333	Transaction ID : SE.4362
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: House District: 00 State: NJ
Calendar Year-To-Date Per Election for Office Sought 4971.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1315.17
City AKRON State OH Zip Code 44333	Transaction ID : SE.4363
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: House District: 00 State: NM
Calendar Year-To-Date Per Election for Office Sought 1146.28	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..... ▶	

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 B MACKENZIE

Signature _____ Date MM / DD / YYYY 07 / 27 / 2015

[Electronically Filed]

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 11133.65
Date of Public Distribution/Dissemination 06/23/2015
Amount 12774.00
Transaction ID: SE.4364
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 5404.88
Date of Public Distribution/Dissemination 06/23/2015
Amount 6201.20
Transaction ID: SE.4365
Date of Disbursement or Obligation 06/23/2015
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.
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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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 390.78

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
448.36
Transaction ID : SE.4366
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: ND
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 6492.67

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
7449.25
Transaction ID : SE.4367
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: OH
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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SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2094.34

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
2402.91
Transaction ID : SE.4368
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: OK
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2206.38

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
2531.45
Transaction ID : SE.4369
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: OR
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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SCOTT B MACKENZIE
[Electronically Filed]
Date 07 / 27 / 2015
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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 7321.41
Date of Public Distribution/Dissemination 06/23/2015
Amount 8400.09
Transaction ID: SE.4370
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 610.08
Date of Public Distribution/Dissemination 06/23/2015
Amount 699.97
Transaction ID: SE.4371
Date of Disbursement or Obligation 06/23/2015
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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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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3028.45
City AKRON State OH Zip Code 44333	Transaction ID : SE.4372 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 2639.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 522.54
City AKRON State OH Zip Code 44333	Transaction ID : SE.4373 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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 455.44	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4133.02
City AKRON State OH Zip Code 44333	Transaction ID : SE.4374
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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: TN
Calendar Year-To-Date Per Election for Office Sought 3602.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 15748.66
City AKRON State OH Zip Code 44333	Transaction ID : SE.4375
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <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 13726.33	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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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1420.69
Date of Public Distribution/Dissemination 06/23/2015
Amount 1630.00
Transaction ID: SE.4376
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 367.05
Date of Public Distribution/Dissemination 06/23/2015
Amount 421.12
Transaction ID: SE.4377
Date of Disbursement or Obligation 06/23/2015
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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SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015
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 <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5253.82
City AKRON State OH Zip Code 44333	Transaction ID : SE.4378 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: VA
Calendar Year-To-Date Per Election for Office Sought 4579.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4416.67
City AKRON State OH Zip Code 44333	Transaction ID : SE.4379 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<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: WA
Calendar Year-To-Date Per Election for Office Sought 3849.52	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..... ▶	

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 B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
07 / 27 / 2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1078.64
Date of Public Distribution/Dissemination 06/23/2015
Amount 1237.55
Transaction ID: SE.4380
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 3216.72
Date of Public Distribution/Dissemination 06/23/2015
Amount 3690.65
Transaction ID: SE.4381
Date of Disbursement or Obligation 06/23/2015
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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Signature SCOTT B MACKENZIE [Electronically Filed] Date 07/27/2015

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
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Calendar Year-To-Date Per Election for Office Sought 317.76
Disbursement For: General 2016

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure Category/Type
Name of Federal Candidate Support Oppose
Office Sought:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For:

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 174317.40

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.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 07 / 27 / 2015