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

| Schedule E) | | | | | PAGE 1 OF 26 FOR SE OF FORM 24/48 | |
|---|--------------------------|--------------|-----------------------|--------------------|---|--|
| NAME OF COMMITTE | | | | | FEC IDENTIFICATION NUMBER ▼ | |
| TEA PARTY MA | AJORITY FUND | | | | | |
| | | | | | C C00566174 | |
| check if 24-hour report 48-hour report New report Amends report filed on | | | | | | |
| Full Name of Payer | | F 00DD | | Date | of Public Distribution/Dissemination | |
| INFOCISION | I MANAGEMEN | I CORP | | | 06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | |
| Mailing Address 32 | 25 SPRINGSIDE DR | | | Amou | unt | |
| City | | State | Zip Code | $-\Gamma$ | 3093.19 | |
| AKRON | | ОН | 44333 | | saction ID : SE.4383 of Disbursement or Obligation | |
| Purpose of Expend VOTER CONTACT | | | Category/ Type 004 | | 06 23 2015 | |
| Name of Federal C | andidate | | Support | Office Sough | nt: House District: 00 | |
| HILLARY RODHAM | I CLINTON | | X Oppose | X Presid | | |
| Calendar Year- Per Election fo | To-Date or Office Sought | | 3093.19 | Disbursement 2016 | nt For: | |
| Full Name of Payer | MANAGEMENT (| CORP | | | of Public Distribution/Dissemination | |
| | | | | | 06 23 2015 | |
| Mailing Address | 325 SPRINGSIDE DR | | | Amo | unt | |
| City | | State | Zip Code | | 449.62 | |
| AKRON | | ОН | 44333 | | action ID : SE.4384 of Disbursement or Obligation | |
| Purpose of Expend VOTER CONTACT | | | Category/ Type 004 |] [| 06 23 2015 | |
| Name of Federal C | andidate | | Support | Office Soug | ht: House District: 00 | |
| HILLARY RODHAN | M CLINTON | | Oppose | X Presid | dent Senate State: AK | |
| Calendar Year Per Election fo | To-Date or Office Sought | | 449.62 | Disburseme 2016 | nt For: | |
| | | | | | Suiter (opeony) | |
| (a) SUBTOTAL of It | emized Independent Ex | penditures | | . • | 3542.81 | |
| (b) SUBTOTAL of U | Initemized Independent | Expenditures | | | 7 7 1 7 | |
| (c) TOTAL Independ | dent Expenditures | | | • [| 171171171 | |
| 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. | | | | | | |
| | B MACKENZIE | [Electron | ically Filed] Date | 9 06 | 23 / Y Y Y Y Y Z Y Z Y Z Y Z Y Z Y Z Y Z Y | |
| Signature | | | | | | |

| Schedule E) | | | | PAGE 2 OF 26 FOR SE OF FORM 24/48 | | |
|---|-----------|-----------------------|---------------------|--|--|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ | | |
| TEA PARTY MAJORITY FUND | | | | C C00566174 | | |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | A = M / D = D / Y = Y = Y = Y | | |
| Full Name of Payee INFOCISION MANAGEMENT COF | RP | | | of Public Distribution/Dissemination | | |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt | | |
| City | State | Zip Code | | 4087.72 | | |
| AKRON | ОН | 44333 | | saction ID : SE.4385 of Disbursement or Obligation | | |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 2015 | | |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 | | |
| HILLARY RODHAM CLINTON | | X Oppose | X Presid | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 4087.72 | Disbursemer 2016 | nt For: | | |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | | | of Public Distribution/Dissemination | | |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt | | |
| City | State | Zip Code | | 1874.55 | | |
| AKRON | OH | 44333 | | action ID : SE.4386 of Disbursement or Obligation | | |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 / 23 / 2015 | | |
| Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 | | |
| HILLARY RODHAM CLINTON | | Oppose | X Presid | | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 1874.55 | Disbursemer 2016 | nt For: | | |
| (a) SUBTOTAL of Itemized Independent Expenditur | es | | | 5962.27 | | |
| (b) SUBTOTAL of Unitemized Independent Expendi | tures | | | | | |
| (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 | [Electron | nically Filed] Date | 9 06 | 23 / 2015 | | |

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

| Schedule E) | | | | PAGE 3 OF 26 FOR SE OF FORM 24/48 |
|--|--------------------|-----------------------|---|--------------------------------------|
| NAME OF COMMITTEE (In Full) | | | FEC I | DENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | C | C00566174 |
| Check if 24-hour report 48-hour report | X New re | port Amends repo | ort filed on | / D = D / Y = Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT CO |)RP | | M = M | ic Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 Amount | 23 2015 |
| City | State | Zip Code | | 23916.75 |
| AKRON | ОН | 44333 | | ID : SE.4387 ursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | 06 | 23 / 2015 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| HILLARY RODHAM CLINTON | | X Oppose | President | Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 23916.75 | Disbursement For: 2016 Other (s | Primary ⊠ General |
| Full Name of Payee INFOCISION MANAGEMENT COR Mailing Address 325 SPRINGSIDE DR | P | | Date of Publing Months | lic Distribution/Dissemination |
| City | State | Zip Code | | 3270.85 |
| AKRON | ОН | 44333 | Transaction I Date of Dish | |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | 06 | 23 / 2015 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| HILLARY RODHAM CLINTON | | X Oppose | President | Senate State: CO |
| Calendar Year-To-Date Per Election for Office Sought | | 3270.85 | Disbursement For: 2016 Other (s | Primary X General pecify) ► |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | · • | 27187.60 |
| (b) SUBTOTAL of Unitemized Independent Exper | nditures | | > | 42 42 |
| (c) TOTAL Independent Expenditures | | | > | 7.1.2.1 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or | idate or authorize | | | |
| SCOTT B MACKENZIE | [Electro | nically Filed] Date | e 06 / 23 | 2015 |
| Signature | | | | |

| Schedule E) | FOR SE OF FORM 24/48 | | | | |
|---|---|--|--|--|--|
| IAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND | FEC IDENTIFICATION NUMBER ▼ | | | | |
| TEA PARTT MAJORITT FUND | C C00566174 | | | | |
| | M M / D D / Y Y Y Y Y | | | | |
| Check if 24-hour report 48-hour report New report Amends report filed | | | | | |
| Full Name of Payee INFOCISION MANAGEMENT CORP | Date of Public Distribution/Dissemination | | | | |
| Mailing Address 325 SPRINGSIDE DR | 06 23 2015 Amount | | | | |
| City State Zip Code | 2227 24 | | | | |
| City State Zip Code AKRON OH 44333 | 2337.31 Transaction ID : SE.4389 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 | 06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Name of Federal Candidate Support Office | Sought: House District: 00 | | | | |
| HILLARY RODHAM CLINTON Oppose | President Senate State: CT | | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2337.31 Disbut 2016 | orsement For: Primary | | | | |
| Full Name of Payee INFOCISION MANAGEMENT CORP | Date of Public Distribution/Dissemination | | | | |
| | 06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Mailing Address 325 SPRINGSIDE DR | Amount | | | | |
| City State Zip Code | 591.16 | | | | |
| AKRON OH 44333 | Transaction ID : SE.4390 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 | 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Name of Federal Candidate Support Office | e Sought: House District: 00 | | | | |
| HILLARY RODHAM CLINTON Oppose | President Senate State: DE | | | | |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | ursement For: Primary X General Other (specify) ▶ | | | | |
| | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 2928.47 | | | | |
| (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. | | | | | |
| | 6 23 2015 | | | | |
| Signature | | | | | |

| Sch | nedule E) | | | | PAGE 5 OF 26 FOR SE OF FORM 24/48 | | |
|------|--|----------------------|-----------------------|---------------------|---|--|--|
| | ME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ | | |
| 7 E | EA PARTY MAJORITY FUND | | | | C C00566174 | | |
| | | | | | | | |
| Ched | check if X 24-hour report 48-hour report New report Amends report filed on | | | | | | |
| | Full Name of Payee INFOCISION MANAGEMENT CO | ORP | | Date | e of Public Distribution/Dissemination | | |
| | Mailing Address 325 SPRINGSIDE DR | | | Amo | 06 23 2015 punt | | |
| - | City | State | Zip Code | | 431.43 | | |
| - 1 | AKRON | OH | 44333 | | nsaction ID : SE.4391 e of Disbursement or Obligation | | |
| | Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 2015 | | |
| Ī | Name of Federal Candidate | | Support | Office Soug | ght: House District: 00 | | |
| | HILLARY RODHAM CLINTON | | X Oppose | X Presi | ident Senate State: DC | | |
| | Calendar Year-To-Date Per Election for Office Sought | | 431.43 | Disburseme 2016 | ent For: | | |
| | Full Name of Payee | | | Date | e of Public Distribution/Dissemination | | |
| | INFOCISION MANAGEMENT COR | ζΡ | | | 06 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | Mailing Address 325 SPRINGSIDE DR | | | Amo | ount | | |
| - | City | State | Zip Code | - | 12676.31 | | |
| | AKRON | ОН | 44333 | | saction ID : SE.4392 e of Disbursement or Obligation | | |
| | Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | $\exists \mid \mid$ | M 06 / 23 / Y 2015 | | |
| | Name of Federal Candidate | | Support | Office Sou | ght: House District: 00 | | |
| | HILLARY RODHAM CLINTON | | X Oppose | X Presi | ident Senate State: FL | | |
| | Calendar Year-To-Date Per Election for Office Sought | | 12676.31 | Disburseme 2016 | ent For: | | |
| | | • | | | | | |
| (a | a) SUBTOTAL of Itemized Independent Expendi | itures | | · • | 13107.74 | | |
| (k | b) SUBTOTAL of Unitemized Independent Expe | nditures | | · • [| 7 | | |
| (0 | TOTAL Independent Expenditures | | | · • [| | | |
| W | Inder penalty of perjury I certify that the indeperith, or at the request or suggestion of, any candarty committee) any political party committee or | didate or authorized | • | | • | | |
| | SCOTT B MACKENZIE | [Electron | nically Filed] Date | e 06 | 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| | Signature | | | | | | |

| Schedule E) | NI EXPEND | TIONES | | PAGE 6 OF 26 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|---------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC II | DENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | C | C00566174 |
| Check if 24-hour report 48-hour report | X New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT CO | RP | | M = M | c Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 Amount | 23 2015 |
| City AKRON | State OH | Zip Code 44333 | Transaction | 6164.63 ID : SE.4393 |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | ursement or Obligation 23 2015 |
| Name of Federal Candidate | | Support | Office Sought: | House District: 00 |
| HILLARY RODHAM CLINTON Calendar Year-To-Date | | ∑ Oppose | President Disbursement For: | Senate State: GA Primary General |
| Per Election for Office Sought Full Name of Payee | 7 7 | 6164.63 | Other (sp | pecify) ▶ic Distribution/Dissemination |
| INFOCISION MANAGEMENT CORF | • | | M 06 | 23 2015 |
| OZO OF KINGGIDE DIK | | | Amount | |
| City AKRON | State OH | Zip Code 44333 | Transaction II Date of Disb | 900.63 D: SE.4394 ursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | 06 06 | 23 2015 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Support Oppose | Office Sought: | House District: 00 Senate State: HI |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 900.63 | Disbursement For: 2016 Other (s | Primary General |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | ▶ | 7065.26 |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | | |
| (c) TOTAL Independent Expenditures | | | • | 4 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its | date or authorize | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | 9 06 23 | 2015 |

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

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C00566174 Check if 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 06 23 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 973.56 City **AKRON** OH 44333 Transaction ID: SE.4395 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 06 23 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON ID Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 973.56 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 8222.86 **AKRON** ОН 44333 Transaction ID: SE.4396 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2015 06 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 8222.86 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 9196.42 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 06 23 2015 Date Signature

PAGE

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OF

| Schedule E) | | HONES | | PAGE 8 OF 26 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | oort Amends repo | | T = M / D = D / Y = Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT COP | RP | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt |
| City | State | Zip Code | | 4139.84 |
| AKRON | OH | 44333 | | saction ID : SE.4397 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 7 2015 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 4139.84 | Disbursemer 2016 | nt For: |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | للننب لنا لت |
| City | State | Zip Code | | 1967.48 |
| AKRON | ОН | 44333 | | action ID : SE.4398 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 2015 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| HILLARY RODHAM CLINTON | | Oppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 1 7 | 1967.48 | Disbursemer 2016 | nt For: |
| (a) SUBTOTAL of Itemized Independent Expenditur | es | | | 6107.32 |
| (b) SUBTOTAL of Unitemized Independent Expendent | itures | | | |
| (c) TOTAL Independent Expenditures | | | · - | 7 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | 9 06 | 23 / 2015 |

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

| | include Ly | | | FO | R SE OF | FORM 24/48 |
|----|---|------------|----------------------|------------------------------|--------------|---------------|
| | ME OF COMMITTEE (In Full) | | | FEC IDEN | TIFICATIO | N NUMBER ▼ |
| ı | EA PARTY MAJORITY FUND | | | C C00 | 566174 | |
| Ch | eck if X 24-hour report 48-hour report New report Am | nends repo | | = M / D | D / | Y Y Y Y Y Y |
| | Full Name of Payee | | Date of | of Public Dis | stribution/[| Dissemination |
| | INFOCISIÓN MANAGEMENT CORP | | | 06 / C | 23 | 2015 |
| | Mailing Address 325 SPRINGSIDE DR | | Amour | nt | | |
| | City State Zip Code | | | | | 1807.07 |
| | AKRON OH 44333 | | | action ID : S | | |
| | Purpose of Expenditure VOTER CONTACT CALLS Category/ Type | 004 | | | 23 | 2015 |
| | Name of Federal Candidate | Support | Office Sought | t: | louse [| District: 00 |
| | LIII LABV BOBLIAM OLINTON | Oppose | X Preside | ent S | Senate | State: KS |
| | Calendar Year-To-Date Per Election for Office Sought 1807.07 | _ | Disbursement | For: | Primary | X General |
| | Ter Election for Office cought | | Ot | ther (specify | y) ► | |
| | Full Name of Payee INFOCISION MANAGEMENT CORP | | | | stribution/l | Dissemination |
| | Mailing Address 325 SPRINGSIDE DR | | Amou | 06 | 23 | 2015 |
| | | | Allioui | | | |
| | City State Zip Code | | | | | 2817.84 |
| | AKRON OH 44333 | | | ction ID : S of Disburser | | bligation |
| | Purpose of Expenditure VOTER CONTACT CALLS Category/ Type | 004 | M | 06 / | 23 | 2015 |
| | Name of Federal Candidate | Support | Office Sough | t: F | House I | District:00 |
| | HILLARY RODHAM CLINTON | Oppose | X Preside | ent S | Senate | State: KY |
| | Calendar Year-To-Date Per Election for Office Sought 2817.8 | 4 | Disbursement 2016 | t For: | Primary | General |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | | ,, | 4624.91 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | • | | | |
| | (c) TOTAL Independent Expenditures | | · . | | 7 | |
| | Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent. | | | | | |
| | SCOTT B MACKENZIE [Electronically Filed] | Date | M M / | 23 | 2015 | Y |
| | Signature | | | | | |
| _ | | _ | | _ | _ | |

PAGE 9

OF

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| Schedule E) | | FOR SE OF FORM 24/48 | | | | |
|---|-----------------------|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ | | | | |
| TEA PARTY MAJORITY FUND | | | | | | |
| | | C C00566174 | | | | |
| Check if 24-hour report 48-hour report New re | eport Amends report | filed on M M / D D / Y Y Y Y Y | | | | |
| Full Name of Payee | | Date of Public Distribution/Dissemination | | | | |
| INFOCISIÓN MANAGEMENT CORP | | M = M / D = D / Y = Y = Y | | | | |
| Mailing Address 325 SPRINGSIDE DR | | 06 23 2015 Amount | | | | |
| | | Autount | | | | |
| City State | Zip Code | 2908.92 | | | | |
| AKRON OH | 44333 | Transaction ID : SE.4401 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure VOTER CONTACT CALLS | Category/ Type 004 | 06 23 2015 | | | | |
| Name of Federal Candidate | Support | Office Sought: House District:00 | | | | |
| HILLARY RODHAM CLINTON | Oppose | President Senate State: LA | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General 2016 Other (specify) ▶ | | | | |
| Full Name of Payee | | Date of Public Distribution/Dissemination | | | | |
| INFOCISION MANAGEMENT CORP | | 06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| Mailing Address 325 SPRINGSIDE DR | | 00 23 2013 | | | | |
| | | Amount | | | | |
| City State | Zip Code | 891.17 | | | | |
| AKRON OH | 44333 | Transaction ID : SE.4402 Date of Disbursement or Obligation | | | | |
| Purpose of Expenditure | Category/ 004 | M = M / D = D / Y = Y = Y | | | | |
| VOTER CONTACT CALLS | Type 004 | 06 23 2015 | | | | |
| Name of Federal Candidate | Support | Office Sought: House District: 00 | | | | |
| HILLARY RODHAM CLINTON | X Oppose | President Senate State: ME | | | | |
| Calendar Year-To-Date | | Disbursement For: Primary X General | | | | |
| Per Election for Office Sought | 891.17 | 2016 Other (specify) ▶ | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 3800.09 | | | | |
| (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. | | | | | | |
| | onically Filed] Date | 06 23 2015 | | | | |
| Signature | | | | | | |

| Schedule E) | II EXI END | ITORES | | PAGE 11 OF 26 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D D / Y Y Y Y Y |
| Full Name of Payee INFOCISION MANAGEMENT COP | RP | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 nt |
| City | State | Zin Codo | | 3771.52 |
| AKRON | OH | Zip Code 44333 | | action ID : SE.4403 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 7 2015 |
| Name of Federal Candidate | | Support | Office Sough | t: House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | X Preside | ent Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 3771.52 | Disbursement 2016 | t For: |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 nt |
| City | State | Zip Code | | 4361.33 |
| AKRON | ОН | 44333 | | ction ID : SE.4404 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 Z3 Z015 |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| HILLARY RODHAM CLINTON | | Oppose | X Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 4361.33 | Disbursemen 2016 O | t For: |
| (a) SUBTOTAL of Itemized Independent Expenditur | es | | • T | 8132.85 |
| (b) SUBTOTAL of Unitemized Independent Expendi | tures | | | |
| | | | | 4 |
| (c) TOTAL Independent Expenditures | | | · • | 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its | ate or authorized | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | 9 06 | 23 2015 |
| olgilatule | | | | |

| Schedule E) | | | | FOR SE OF FORM 24/48 | | |
|---|-----------|-----------------------|-------------|--|--|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ | | |
| TEA PARTY MAJORITY FUND | | | | | | |
| | | | | C C00566174 | | |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M = M / D = D / Y = Y = Y | | |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination | | |
| INFOCISION MANAGEMENT CO | RP | | 1 | M M / D D / Y Y Y Y | | |
| Mailing Address 325 SPRINGSIDE DR | | | Amo | 06 23 2015 | | |
| | | | | | | |
| City | State | Zip Code | | 6379.24 | | |
| AKRON | ОН | 44333 | | e of Disbursement or Obligation | | |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| Name of Federal Candidate | | Support | Office Soug | ght: House District: 00 | | |
| HILLARY RODHAM CLINTON | | X Oppose | X Presid | dent Senate State: MI | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 6379.24 | Disburseme | ent For: Primary | | |
| Full Name of Payee | | | Date | e of Public Distribution/Dissemination | | |
| INFOCISION MANAGEMENT CORF |) | | | M = M / D = D / Y = Y = Y = Y | | |
| Mailing Address 325 SPRINGSIDE DR | | | | 06 23 2015 | | |
| 020 GI KINGGIDE BIK | | | Amo | punt | | |
| City | State | Zip Code | | 3422.85 | | |
| AKRON | ОН | 44333 | | saction ID : SE.4406 e of Disbursement or Obligation | | |
| Purpose of Expenditure | | Category/ | Date | M M / D D / Y Y Y Y | | |
| VOTER CONTACT CALLS | | Type 004 | | 06 23 2015 | | |
| Name of Federal Candidate | | Support | Office Soug | ght: House District: 00 | | |
| HILLARY RODHAM CLINTON | | Oppose | X Presi | dent Senate State: MN | | |
| Calendar Year-To-Date | | 3422.85 | Disburseme | ent For: Primary X General | | |
| Per Election for Office Sought | 7 7 | 0422.00 | | Other (specify) ► | | |
| (a) SUBTOTAL of Itemized Independent Expenditu | ıres | | · [| 9802.09 | | |
| (b) SUBTOTAL of Unitemized Independent Expendent | ditures | | · • [| 7 1 7 1 7 | | |
| (c) TOTAL Independent Expenditures | | | · • [| 7 | | |
| 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 | [Electron | nically Filed] Date | e 06 | 23 2015 | | |
| Signature | | | | | | |

PAGE 26 OF 13 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C00566174 Check if 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 06 23 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 1875.20 City **AKRON** OH 44333 Transaction ID: SE.4407 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 06 23 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON MS Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 1875.20 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 3869.91 **AKRON** ОН 44333 Transaction ID: SE.4408 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2015 06 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON MO Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 3869.91 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 5745.11 (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] 06 23 2015 Date Signature

| Schedule E) | TI EXI END | | | PAGE 14 OF 26 FOR SE OF FORM 24/48 |
|---|------------------|-----------------------|-----------------------------|--|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | C | C00566174 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | ort filed on | / D = D / Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT COR | ₹P | | M = M | blic Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 Amount | 23 2015 |
| City | State | Zip Code 44333 | Transactio | 652.91 n ID : SE.4409 |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | Date of Dis | sbursement or Obligation 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Support | Office Sought: | House District: 00 |
| Calendar Year-To-Date Per Election for Office Sought | | Oppose 652.91 | Disbursement For: | Senate State: MT Primary General |
| Full Name of Payee INFOCISION MANAGEMENT CORP | 7 | | | (specify) ▶blic Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | M 06 | 23 2015 |
| City | State | Zip Code | Amount | 1163.50 |
| AKRON Purpose of Expenditure | OH | 44333 Category/ 004 | Date of Dis | a ID : SE.4410 sbursement or Obligation |
| VOTER CONTACT CALLS Name of Federal Candidate | | Type 004 Support | Office Sought: | 23 2015 House District: 00 |
| HILLARY RODHAM CLINTON | | ∑ Oppose | President | Senate State: NE |
| Calendar Year-To-Date Per Election for Office Sought | , , | 1163.50 | Disbursement For 2016 Other | : |
| (a) SUBTOTAL of Itemized Independent Expenditure | 'es | | . • | 1816.41 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | · • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | 7 1 7 1 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorize | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | 9 06 23 | |

| Schedule E) | | | | PAGE 15 OF 26 FOR SE OF FORM 24/48 |
|--|-----------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New repo | ort Amends repo | | T = M / D = D / Y = Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT CORE | D | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt |
| City | State | Zip Code | | 1733.20 |
| AKRON | OH | 44333 | | saction ID : SE.4411 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 7 2015 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | | 1733.20 | Disbursemer 2016 | nt For: |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt |
| City | State | Zip Code | | 873.70 |
| AKRON | ОН | 44333 | | action ID : SE.4412 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 / 2015 |
| Name of Federal Candidate | | Support | Office Sough | ht: House District: 00 |
| HILLARY RODHAM CLINTON | | Noppose Noppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | , , | 873.70 | Disbursemer 2016 | nt For: |
| (a) SUBTOTAL of Itemized Independent Expenditures | · | | | 2606.90 |
| (b) SUBTOTAL of Unitemized Independent Expenditu | res | | | |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 7 7 |
| Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a | e or authorized | | | |
| SCOTT B MACKENZIE Signature | [Electroni | ically Filed] Date | 06 | 23 / 2015 |

| Schedule E) | VI EXI END | TIONES | | PAGE 16 OF 26 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-------------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | | M / D D / Y Y Y Y Y |
| Full Name of Payee INFOCISION MANAGEMENT CO | RP | | М | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amour | 06 23 2015 nt |
| City | State | Zip Code | | 5704.29 |
| AKRON | OH | 44333 | | action ID : SE.4413 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 7 2015 |
| Name of Federal Candidate | | Support | Office Sought | t: House District: 00 |
| HILLARY RODHAM CLINTON | | Oppose | X Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 5704.29 | Disbursement 2016 Ot | t For: |
| Full Name of Payee INFOCISION MANAGEMENT CORF |) | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 nt |
| City | State | Zip Code | | 1315.17 |
| AKRON | OH | 44333 | | ction ID : SE.4414 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | М | 06 Z3 Z015 |
| Name of Federal Candidate | | Support | Office Sough | t: House District:00 |
| HILLARY RODHAM CLINTON | | X Oppose | Preside | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 1315.17 | Disbursemen 2016 | t For: |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 7019.46 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | | |
| | | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | ·· • | 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorize | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | e 06 | 23 2015 |
| Olgitature | | | | |

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

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C00566174 Check if 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 06 23 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 12774.00 City **AKRON** OH 44333 Transaction ID: SE.4415 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 06 23 2015 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON NY Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 12774.00 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 6201.20 **AKRON** ОН Transaction ID: SE.4416 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2015 06 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON NC Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 6201.20 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 18975.20 (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] 06 23 2015 Date Signature

PAGE

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| Schedule E) | IVI EXI EIVE | TIONES | | PAGE 18 OF 26 FOR SE OF FORM 24/48 |
|--|-------------------|-----------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | port Amends repo | | M / D D / Y Y Y Y Y |
| Full Name of Payee INFOCISION MANAGEMENT CC | RP | | М | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amour | 06 23 2015 nt |
| City | State | Zip Code | | 448.36 |
| AKRON | ОН | 44333 | | action ID : SE.4417 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 / 2015 |
| Name of Federal Candidate | | Support | Office Sought | t: House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | X Preside | ent Senate State: ND |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 448.36 | Disbursement 2016 Ot | t For: |
| Full Name of Payee INFOCISION MANAGEMENT CORI | - - | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 |
| | | | Amou | |
| City AKRON | State OH | Zip Code 44333 | | 7449.25 ction ID : SE.4418 |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | М | of Disbursement or Obligation 06 23 2015 |
| N (5 1 10 11) | | Турс | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Support Oppose | Office Sough Preside | |
| Calendar Year-To-Date Per Election for Office Sought | | 7449.25 | Disbursement 2016 | |
| | , | | | uner (specify) F |
| (a) SUBTOTAL of Itemized Independent Expenditu | ures | | • | 7897.61 |
| (b) SUBTOTAL of Unitemized Independent Expen | ditures | | · • | 7 1 7 1 7 |
| (c) TOTAL Independent Expenditures | | | • | |
| Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it | date or authorize | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | e 06 | 23 2015 |
| - 3 | | | | |

| Schedule E) | | PAGE 19 OF 26 FOR SE OF FORM 24/48 |
|---|----------------------------|---|
| NAME OF COMMITTEE (In Full) | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | C C00566174 |
| Check if 24-hour report 48-hour report | ew report Amends report | filed on M M M / D D / Y Y Y Y Y Y |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | Date of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | 06 23 2015 Amount |
| City State | Zip Code | 2402.91 |
| AKRON OH | 44333 | Transaction ID : SE.4419 Date of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | Category/ Type 004 | 06 23 2015 |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| HILLARY RODHAM CLINTON | X Oppose | President Senate State: OK |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: Primary General 2016 Other (specify) ▶ |
| Full Name of Payee INFOCISION MANAGEMENT CORP | | Date of Public Distribution/Dissemination 06 23 2015 |
| Mailing Address 325 SPRINGSIDE DR | | 06 23 2015 Amount |
| City State | Zip Code | 2531.45 |
| AKRON OH | 44333 | Transaction ID : SE.4420 Date of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | Category/ Type 004 | 06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate | Support | Office Sought: House District: 00 |
| HILLARY RODHAM CLINTON | Oppose | President Senate State: OR |
| Calendar Year-To-Date Per Election for Office Sought | 2531.45 | Disbursement For: Primary General 2016 Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 4934.36 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | > |
| (c) TOTAL Independent Expenditures | | • |
| Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent. | | |
| SCOTT B MACKENZIE Signature | Electronically Filed] Date | 06 23 / 2015 |

| Schedule E) | II EXI END | THORIES | | PAGE 20 OF 26 FOR SE OF FORM 24/48 |
|---|-------------------|-----------------------|-------------------------|---|
| NAME OF COMMITTEE (In Full) | | | 1 | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | ort Amends repo | | M / D = D / Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT COR | RP | | M | f Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amoun | 06 23 2015 t |
| City | State | Zin Codo | | 8400.09 |
| AKRON | OH | Zip Code 44333 | | action ID : SE.4421 f Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | М | 06 23 2015 |
| Name of Federal Candidate | | Support | Office Sought | : House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | | |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 8400.09 | Disbursement 2016 Ott | For: Primary X General her (specify) ▶ |
| Full Name of Payee INFOCISION MANAGEMENT CORP | _ | | M | f Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amour | 06 23 2015 nt |
| City | State | Zip Code | | 699.97 |
| AKRON | ОН | 44333 | | ction ID : SE.4422 If Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 2015 |
| Name of Federal Candidate | | Support | Office Sought | : House District:00 |
| HILLARY RODHAM CLINTON | | Oppose | X Preside | |
| Calendar Year-To-Date Per Election for Office Sought | 7 7 | 699.97 | Disbursement 2016 Ot | For: Primary X General |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | | 9100.06 |
| (b) SUBTOTAL of Unitemized Independent Expend | itures | | | |
| (c) TOTAL Independent Expenditures | | | | 7 7 7 |
| · | | | | 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | ate or authorized | | | |
| SCOTT B MACKENZIE | [Electron | nically Filed] Date | 9 06 | 23 2015 |
| Signature | | | | |

| Schedule E) | INI EXI EN | on ones | PAGE 21 OF 26 FOR SE OF FORM 24/48 |
|--|--------------------|-----------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | C C00566174 |
| Check if 24-hour report 48-hour report | New re | port Amends repo | ort filed on |
| Full Name of Payee INFOCISION MANAGEMENT CO |)RP | | Date of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 23 2015 Amount |
| City | State OH | Zip Code 44333 | 3028.45 Transaction ID : SE.4423 |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | Date of Disbursement or Obligation 06 23 2015 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Support | Office Sought: House District: 00 |
| Calendar Year-To-Date | | Oppose 3028.45 | President Senate State: SC Disbursement For: Primary General 2016 |
| Per Election for Office Sought Full Name of Payee | | 0023.40 | Other (specify) ▶ Date of Public Distribution/Dissemination |
| INFOCISION MANAGEMENT COR Mailing Address 325 SPRINGSIDE DR | Р | | 06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Amount 522.54 |
| AKRON | OH | 44333 | Transaction ID : SE.4424 Date of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | 06 / 23 / Y 2015 |
| 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 | | 522.54 | Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expendit | ures | | > 3550.99 |
| (b) SUBTOTAL of Uniternized Independent Exper | nditures | | |
| (c) TOTAL Independent Expenditures | | | > |
| | idate or authorize | | not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political |
| SCOTT B MACKENZIE Signature | [Electro | nically Filed] Date | e 06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

| Schedule E) | INT EXICINE | TI OTILO | | PAGE 22 OF 26 FOR SE OF FORM 24/48 |
|---|---------------------|-----------------------|--------------------------------|---|
| NAME OF COMMITTEE (In Full) | | | FEC | IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | C | C00566174 |
| Check if 24-hour report 48-hour report | New re | port Amends repo | ort filed on | / D = D / Y = Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT CO | ORP | | M = M | blic Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 Amount | 23 2015 |
| City | State | Zin Codo | | 4133.02 |
| AKRON | OH | Zip Code 44333 | | n ID : SE.4425 |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | M M 06 | 23 / 2015 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| HILLARY RODHAM CLINTON | | X Oppose | President | Senate State:TN |
| Calendar Year-To-Date Per Election for Office Sought | | 4133.02 | Disbursement For: 2016 Other (| Primary |
| Full Name of Payee INFOCISION MANAGEMENT COF | RP | | M = M | blic Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | 06 Amount | 23 2015 |
| City | State | Zip Code | | 15748.66 |
| AKRON | ОН | 44333 | | ID: SE.4426 sbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | 06 ^M | / 23 / Y 2015 |
| Name of Federal Candidate | | Support | Office Sought: | House District:00 |
| HILLARY RODHAM CLINTON | | X Oppose | | Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | 15748.66 | Disbursement For 2016 Other | : |
| (a) SUBTOTAL of Itemized Independent Expend | tures | | . • | 19881.68 |
| (b) SUBTOTAL of Unitemized Independent Expe | nditures | | . • | |
| | | | | 7 7 7 |
| (c) TOTAL Independent Expenditures | | | · • | 7 7 7 |
| Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or | didate or authorize | | | |
| SCOTT B MACKENZIE Signature | [Electro | nically Filed] Date | 9 06 23 | |
| Olynature | | | | |

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

| | include Ly | | | FOR SE OF | FORM 24/48 |
|----|--|------------|-------------------|---|----------------|
| | ME OF COMMITTEE (In Full) | | F | FEC IDENTIFICATI | ON NUMBER ▼ |
| ı | EA PARTY MAJORITY FUND | | | C C00566174 | |
| Ch | eck if X 24-hour report 48-hour report New report Ame | ends repor | | M / D D / | Y Y Y Y Y |
| | Full Name of Payee | | Date of | f Public Distribution | /Dissemination |
| | INFOCISIÓN MANAGEMENT CORP | | | 06 | 2015 |
| | Mailing Address 325 SPRINGSIDE DR | | Amoun | t | |
| | City State Zip Code | | | | 1630.00 |
| | AKRON OH 44333 | | | ction ID : SE.4427 f Disbursement or 0 | |
| | Purpose of Expenditure VOTER CONTACT CALLS Category/ Type | 004 | М | 06 23 | 2015 |
| | Name of Federal Candidate | Support | Office Sought: | House | District:00 |
| | LIII LADV DODUAM OLINTON | Oppose | X Presider | nt Senate | State: UT |
| | Calendar Year-To-Date Per Election for Office Sought 1630.00 | | Disbursement 2016 | For: Primary | General |
| | Tot Election for Office cought | | Oth | ner (specify) ▶ | |
| | Full Name of Payee INFOCISION MANAGEMENT CORP | | | f Public Distribution | /Dissemination |
| | Mailing Address 325 SPRINGSIDE DR | | Amoun | 06 23 | 2015 |
| | | | Amoun | | |
| | City State Zip Code | | | | 421.12 |
| | AKRON OH 44333 | | | tion ID: SE.4428 f Disbursement or | Obligation |
| | Purpose of Expenditure VOTER CONTACT CALLS Category/ Type | 004 | | 06 / 23 / | 2015 |
| | Name of Federal Candidate | Support | Office Sought: | : House | District: 00 |
| | HILLARY RODHAM CLINTON | Oppose | X Preside | nt Senate | State: VT |
| | Calendar Year-To-Date Per Election for Office Sought 421.12 | 2 | Disbursement 2016 | For: Primary | y X General |
| | (a) SUBTOTAL of Itemized Independent Expenditures | | | 7 | 2051.12 |
| | (b) SUBTOTAL of Unitemized Independent Expenditures | | • | 7 7 | |
| | (c) TOTAL Independent Expenditures | | • | 7 | |
| | Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee c party committee) any political party committee or its agent. | | | | |
| | SCOTT B MACKENZIE [Electronically Filed] | Date | M M / / 06 | 23 20 | Y |
| | Signature | | التا | | |
| _ | | _ | | | |

PAGE 23

OF

26

| Schedule E) | FOR SE OF FORM 24/48 |
|---|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | C C00566174 |
| | |
| Check if 24-hour report 48-hour report New report Amends report filed | on M M / D D / Y Y Y Y |
| Full Name of Payee INFOCISION MANAGEMENT CORP | Date of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | 06 23 2015 |
| | Amount |
| City State Zip Code | 5253.82 |
| AKRON OH 44333 | Transaction ID : SE.4429 Date of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 | M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Federal Candidate Support Office | Sought: House District: 00 |
| HILLARY RODHAM CLINTON Oppose | President Senate State: VA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | rrsement For: Primary |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| INFOCISION MANAGEMENT CORP | 06 23 2015 |
| Mailing Address 325 SPRINGSIDE DR | Amount |
| City State Zip Code | 4416.67 |
| AKRON OH 44333 | Transaction ID : SE.4430 Date of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 | 06 / 23 / 2015 |
| Name of Federal Candidate Support Office | e Sought: House District: 00 |
| HILLARY RODHAM CLINTON Oppose | President Senate State: WA |
| Calendar Year-To-Date Per Election for Office Sought Disbut 2016 | ursement For: Primary X General Other (specify) ▶ |
| , , , | Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures | 9670.49 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent. | · · · · · · · · · · · · · · · · · · · |
| SCOTT B MACKENZIE [Electronically Filed] Date 0 | 6 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Signature | |

| Schedule E) | VI EXI END | HONES | | PAGE 25 OF 26 FOR SE OF FORM 24/48 |
|---|--------------------|-----------------------|---------------------|--|
| NAME OF COMMITTEE (In Full) | | | | FEC IDENTIFICATION NUMBER ▼ |
| TEA PARTY MAJORITY FUND | | | | C C00566174 |
| Check if 24-hour report 48-hour report | New rep | oort Amends repo | | T = M / D = D / Y = Y = Y = Y |
| Full Name of Payee INFOCISION MANAGEMENT CO | RP | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt |
| City | State | Zip Code | | 1237.55 |
| AKRON | OH | 44333 | | saction ID : SE.4431 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 2015 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| HILLARY RODHAM CLINTON | | X Oppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | 7 1 7 | 1237.55 | Disbursemer 2016 | nt For: |
| Full Name of Payee INFOCISION MANAGEMENT CORF |) | | | of Public Distribution/Dissemination |
| Mailing Address 325 SPRINGSIDE DR | | | Amou | 06 23 2015 unt |
| City | State | Zip Code | | 3690.65 |
| AKRON | ОН | 44333 | | action ID : SE.4432 of Disbursement or Obligation |
| Purpose of Expenditure VOTER CONTACT CALLS | | Category/ Type 004 | | 06 23 7 2015 |
| Name of Federal Candidate | | Support | Office Sough | nt: House District: 00 |
| HILLARY RODHAM CLINTON | | Oppose | X Presid | |
| Calendar Year-To-Date Per Election for Office Sought | , , , | 3690.65 | Disbursemer 2016 | nt For: |
| (a) SUBTOTAL of Itemized Independent Expenditu | res | | | 4928.20 |
| (b) SUBTOTAL of Unitemized Independent Expendent | litures | | , | |
| | | | | 4 4 |
| (c) TOTAL Independent Expenditures | | | • | 7 7 7 |
| Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its | late or authorized | | | |
| SCOTT B MACKENZIE Signature | [Electron | nically Filed] Date | 9 06 | 23 2015 |
| Olynature | | | | |

PAGE 26 26 OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C00566174 Check if | 24-hour report New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 06 23 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 364.58 City Transaction ID : SE.4433 **AKRON** OH 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 06 23 2015 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON WY Oppose President Senate State: ✓ General Disbursement For: Primary Calendar Year-To-Date 2016 364.58 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures..... 364.58 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... 200000.00 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 06 23 2015 Date Signature