

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00524454 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2017</div> </div>		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.24367 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2017</div> </div>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type 004	Name of Federal Candidate COLLINS, SUSAN M, ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME 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 <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2017</div> </div>		
Mailing Address 325 SPRINGSIDE DRIVE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.24368 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 16 / 2017</div> </div>		
Purpose of Expenditure VOTER CONTACT COMMUNICATIONS		Category/ Type 004	Name of Federal Candidate CORKER, ROBERT P , , JR		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 17 / 2017

Signature