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

Schedule E)	FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
CONSERVATIVÈ MAJORITY FUND				
	C C00524454			
Check if 24-hour report 48-hour report New report Amends report file	d on 02 / 11 / 2019			
Full Name of Payee	Date of Public Distribution/Dissemination			
ANCHOR COMPUTER	M M / D D / Y Y Y Y			
Mailing Address 1900 NEW HIGHWAY	02 11 2019			
	Amount			
City State Zip Code	729.18			
FARMINGDALE NY 11735	Transaction ID : SE.4242 Date of Disbursement or Obligation			
Purpose of Expenditure NCOA FILES Category/ Type 004	02 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Pe Sought: House District: 00			
TRUMP, DONALD J, , , Oppose Support Office	Tiodoc Biotriot.			
	President Senate State: oursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought 57525.61 Disc. 2020				
Full Name of Payee	Date of Public Distribution/Dissemination			
INFOCISION MANAGEMENT CORP	02 11 2019			
Mailing Address 320 SPRINGSIDE DR	Amount			
	Amount			
City State Zip Code	11996.85			
AKRON OH 44333	Transaction ID: SE.4117 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ 004	01 24 2019			
Type 304				
Name of Federal Candidate TRUMP, DONALD J	ce Sought: House District: 00			
Oppose x	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disk 202				
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures	12726.03			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
	1 4 4 4			
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, , ,	M / D D / Y Y Y Y			
Signature [Electronic ally Filed] Date	07 29 2019			

Schedule E)	ADENT EXPENDI	TOTILS		PAGE 2 OF 8 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSER	VATIVE MAJORITY F	UND			C C00524454
Check if 2	24-hour report X 48-hour rep	ort New repo	ort X Amends repo		02 11 2019
Full Name INFOC	of Payee ISION MANAGEMENT	CORP			of Public Distribution/Dissemination
Mailing Ad	dress 320 SPRINGSIDE DR			Amou	02 11 2019 unt
City		State	Zip Code		29799.58
AKRON	Date of			ction ID : SE.4257 f Disbursement or Obligation	
	f Expenditure ONTACT CALLS - BUDGETED N	OT DISBURSED	Category/ Type 004	$\Box \mid \Box$	02 / 11 / 2019
Name of F	ederal Candidate		x Support	Office Soug	ht: House District: 00
TRUMP, D	OONALD J, , ,		Oppose	x Presid	lent Senate State:
	dar Year-To-Date lection for Office Sought	7	56796.43	Disbursement 2020	nt For:
Full Name	of Payee ISION MANAGEMENT C	ORP			of Public Distribution/Dissemination
Mailing Ad	draga			[02 11 2019
	320 SPRINGSIDE DR			Amo	unt
City		State	Zip Code		16204.76
AKRON		ОН	44333		action ID: SE.4252 of Disbursement or Obligation
	f Expenditure ONTACT CALLS OVER SEVERA	L WEEKS	Category/ Type 004] [02 / 19 / 2019
Name of F	Federal Candidate		✗ Support	Office Soug	ht: House District: 00
TRUMP, D	OONALD J, , ,		Oppose	X Presid	dent Senate State:
	dar Year-To-Date lection for Office Sought		75742.63	Disburseme 2020	nt For:
() () ()					
(a) SUBTO	TAL of Itemized Independent Exp	penditures		· •	46004.34
(b) SUBTO	TAL of Unitemized Independent I	Expenditures		·· •	17117117
(c) TOTAL	Independent Expenditures			·· •	
with, or at t		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Signature	MACKENZIE, SCOTT B, , ,	[Electron	ically Filed] Date	07	29 / 2019

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SE Transaction ID: SE.4257

The committee initially budgeted \$100,000 to the primary vendor, InfoCision Management Corp. for the cost of voter contact calls in support of President Donald Trump for the 2020 General Election. After final costs came through, there were five (5) secondary vendors utilized and costs were allocated to those vendors. The initial budget still has \$29,799.58 unspent as of the close of the reporting period.

Form/Schedule: Transaction ID:

Schedule E)	PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND	C C00524454
Check if 24-hour report 48-hour report New report Amends report	t filed on 02 11 2019
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 320 SPRINGSIDE DR	02 11 2019 Amount
City State Zip Code AKRON OH 44333	7243.13 Transaction ID : SE.4244
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation 03 18 2019
Name of Federal Candidate X Support	Office Sought: House District: 00
TRUMP, DONALD J, , , Calendar Year-To-Date	x President Senate State: Disbursement For: Primary X General
Per Election for Office Sought 83284.76 Full Name of Payee	2020 Other (specify) ▶ Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	02 / 11 / 2019
Mailing Address 320 SPRINGSIDE DR	Amount
City State Zip Code AKRON OH 44333	7668.86 Transaction ID : SE.4245 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	04 / 16 / 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
TRUMP, DONALD J, , , Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought 90953.62	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	14911.99
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , , [Electronically Filed] Date Signature	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sc	hedule E)			PAGE 5 OF 8 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)		FEC IDI	ENTIFICATION NUMBER ▼	
C	ONSERVATIVE MAJORITY FUND		C	C00524454	
Che	eck if 24-hour report 🗶 48-hour report New report 🗶 Ame	ends repor	t filed on 02	11 / 2019	
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public	Distribution/Dissemination	
ŀ	Mailing Address 320 SPRINGSIDE DR		Amount	2019	
ŀ	City State Zip Code			3159.34	
	AKRON OH 44333				
	Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type	004	04	29 / 2019	
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	TRUMP, DONALD J, , ,	Oppose	x President	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought 94112.96		Disbursement For: 2020 Other (spe	Primary ★ General	
Γ	Full Name of Payee			Date of Public Distribution/Dissemination	
	INFOCISION MANAGEMENT CORP		02	11 / 2019	
	Mailing Address 320 SPRINGSIDE DR		Amount		
ŀ	City State Zip Code			9000.99	
	AKRON OH 44333		Transaction ID Date of Disbur	: SE.4247 rsement or Obligation	
	Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type	004	05 /	16 2019	
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	TRUMP, DONALD J, , ,	Oppose	x President	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought 103113.95		Disbursement For: 2020 Other (spe	Primary X General ecify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		>	12160.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•		
٧	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 of earty committee) any political party committee or its agent.				
	MACKENZIE, SCOTT B, , , [Electronically Filed] Signature	Date	07 / 29	2019	

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

Schedule E)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
CONSERVATIVE MAJORITY FUND	C C00524454			
		J 5552.164		
Check if 24-hour report 48-hour report New report	ort X Amends report filed	d on 02 / 11 / 2019		
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination		
Mailing Address 320 SPRINGSIDE DR		02 11 2019 Amount		
City	Zin Codo	2017.00		
City State AKRON OH	Zip Code 44333	3017.99 Transaction ID : SE.4248		
7	l	Date of Disbursement or Obligation		
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	05 / 30 / 2019		
Name of Federal Candidate	✗ Support Offic	ce Sought: House District: 00		
TRUMP, DONALD J, , ,	Oppose x	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	106131.94 Disb 2020	oursement For: Primary General Other (specify)		
Full Name of Payee		Date of Public Distribution/Dissemination		
INFOCISION MANAGEMENT CORP		02 11 2019		
Mailing Address 320 SPRINGSIDE DR		Amount		
City State	Zip Code	7695.24		
AKRON OH	44333	Transaction ID : SE.4249 Date of Disbursement or Obligation		
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation M 06		
Name of Federal Candidate	Support Office	ce Sought: House District: 00		
TRUMP, DONALD J, , ,	Oppose			
Calendar Year-To-Date Per Election for Office Sought	115000.00 Disb 2020	pursement For: Primary X General		
		Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	10713.23		
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7		
(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.				
	ically Filed] Date	07 29 2019		
Signature				

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

		FOR SE OF FORM 24/48
VA C	ME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
		C C00524454
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on 02 / 11 / 2019
	Full Name of Payee PARAMOUNT COMMUNICATION	Date of Public Distribution/Dissemination
	Mailing Address 525-K EAST MARKET ST	02 11 2019
	SUITE 114	Amount
	City State Zip Code	1172.82
	LEESBURG VA 20176	Transaction ID : SE.4254 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS Category/ Type 004	M 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	Sought: House District: 00
	TRUMP, DONALD J, , ,	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 107304.76 Disbut 2020	rsement For: Primary Seneral
	Tot Elocitor for office occupit	Other (specify)
	Full Name of Payee STRATEGIC CAMPAIGN GROUP	Date of Public Distribution/Dissemination
	Mailing Address 191 MAIN STREET	02 11 2019
	SUITE 310	Amount
	City State Zip Code	1031.35
	ANNAPOLIS MD 21401	Transaction ID : SE.4250 Date of Disbursement or Obligation
	Purpose of Expenditure DOMAIN REGISTRATION & WEBSITE UPDATES Category/ Type 004	M 02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		e Sought: House District: 00
	TRUMP, DONALD J, , ,	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	2204.17
	(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 eithe party committee) any political party committee or its agent.	
	MACKENZIE, SCOTT B, , , [Electronically Filed] Date 0	7 29 2019
	Signature	

PAGE

OF

	RM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION N	
CONSERVATIVE MAJORITY FUND C C00524454	
Check if 24-hour report 48-hour report New report Amends report filed on 02 11	2019
	YYY
Mailing Address PO BOX 31403 Amount	2019
City State Zip Code	299.00
CHARLESTON SC 29417 Transaction ID : SE.4251 Date of Disbursement or Obliga	ation
Purpose of Evpanditure	2019
Name of Federal Candidate X Support Office Sought: House Distriction House	ict:00
TRUMP, DONALD J, , , Oppose President Senate Sta	ite:
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2020 Other (specify) ▶	X General
Full Name of Payee Date of Public Distribution/Diss	emination
XVERIFY INC 02 11	2019
Mailing Address 350 N ORLEANS ST	
SUITE 9000N	
City State Zip Code CHICAGO IL 60654 Transaction ID : SE.4243 Date of Disbursement or Obligi	980.91 ation
Purpose of Expenditure eMAIL VERIFICATION Category/ Type 004 02 13	2019
Name of Federal Candidate Support Office Sought: House Distriction	rict:00
TRUMP, DONALD J, , , Oppose President Senate Sta	ate:
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2020 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	279.91
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	0000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , , [Electronically Filed] Date 07 29 2019	Y