Image# 2016041590124	23313
FEC	
FORM 3X	

04/15/2016 06 : 00

PAGE 1 / 139

REPORT	OF	RECEIPTS
AND DIS	BUF	RSEMENTS

For Other Than An Authorized Committee

								Office Use Only	
1.	NAME C	DF ITEE (in full)	TYPE OR PRINT		mple: If typir r the lines.	ng, type	12FE4M5		
T									
	DRESS (r	number and street)	2776 S ARLING	STON MILL DR #806					
C	thar	eck if different n previously orted. (ACC)					VA	22206	-[]
2.	FEC ID	ENTIFICATION N	UMBER 🔻	CITY 🔺		S		ZIP C	ODE 🔺
	С	00566174		3. IS THIS REPORT	\sim	NEW N) OR		MENDED)	
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due on.	Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	×	April 15 Quarterly Report (0	21)	Apr 20 (M4)		Jul 20 (M7)		20 (M10)	Jan 31 (YE)
		July 15 Quarterly Report ((C) 12-Da	ay Election	Primary (12P	?)	General	(12G)	Runoff (12R)
		October 15	Repo	rt for the:	Convention (12C)	Special ((12S)	
		Quarterly Report (January 31 Year-End Report (Election on	M M /		Y Y Y Y Y	in the State	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST	r-Election	General (300	G)	Runoff (3	30R)	Special (30S)
		Termination Report (TER)		rt for the:	M M /	D = D /	Y Y Y Y	in the	9
		(1-1)		Election on				State	
5.	Covering	Period 0	M / D D / 1 01	2016	through	03	/ D D / 31	2016]
l ce	ertify that	I have examined th	nis Report and to	the best of my know	wledge and b	belief it is true	e, correct and	d complete.	
Тур	e or Print	Name of Treasure	er SCOTT B MAC	KENZIE					
Sigi	nature of	Treasurer SCO	TT B MACKENZIE		[Electronically	y Filed] Da	ate 04	/ D D / 15	2016
NO.		ssion of false error	eous or incomplete	e information may su	hiect the ner	son signing thi	is Report to t	he nenalties of a	211SC 8437a
	Of	fice			iojoor ine pers			FEC FO	
		se nly						Rev. 12/	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
٦	TEA PARTY MAJORITY FUND		
R	Report Covering the Period: From: 01	/ D D / Y Y Y Y Y 01 2016 To:	M = M / D = D / Y = Y = Y = Y Y 03 31 2016
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		63478.41
	(b) Cash on Hand at Beginning of Reporting Period	63478.41	
	(c) Total Receipts (from Line 19)	376533.23	376533.23
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	440011.64	440011.64
7.	Total Disbursements (from Line 31)	407430.52	407430.52
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32581.12	32581.12
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

Report Covering the Period: From: 01	/ D / Y	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	14875.00	14875.00
(i) Itemized (use Schedule A)	7	14073.00
(ii) Unitemized	360741.23	360741.23
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	375616.23	375616.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	375616.23	375616.23
Totals to Line 33, page 5)▶	373010.23	373010.23
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	7 7 7	
. All Loans Received	0.00	0.00
	7 7	7 7
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	917.00	917.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
ΓΓ	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transform (add 19(a) and 19(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	7 7 7	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	376533.23	376533.23
Total Federal Receipts		

376533.23

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......► Page 3

I

DETAILED SUMMARY PAGE

II Dieburgemente	COLUMN A	COLUMN B
II. Disbursements	Total This Period	Calendar Year-to-Date
. 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	54157.36	54157.3
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	54157.36	54157.3
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	353273.16	353273.16
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)	7 7 7	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7 7 7	7 7 7
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
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
Total Disbursements (add Lines $21(c)$, 22 , 22 , 23 , 24 , 25 , 26 , 27 , $20(d)$, 20 , and $20(c)$)		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	407430.52	407430.52
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)▶	407430.52	407430.52

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	375616.23	375616.23
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	375616.23	375616.23
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	54157.36	54157.36
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	54157.36	54157.36

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 139 (check only one)
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND)		
Α.	Full Name (Last, First, Middle Initial) MS MARY ALPHS 201			Date of Receipt
	Mailing Address 5913 AMBER RIDGE RD			M M / D D / Y Y Y Y Y 03 29 2016
	City HAYMARKET	State VA	Zip Code 20169	Transaction ID : SA11AI.19566 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NONE Receipt For: Primary General Other (specify)	Occupation HOMEMAK Aggregate		Memo Item
в.	Full Name (Last, First, Middle Initial) MRS DANA ANDREWS 993 Mailing Address 1135 ALDERDALE RD		<u></u>	Date of Receipt
	City PROSSER FEC ID number of contributing federal political committee.	State WA	Zip Code 99350	02 26 2016 Transaction ID : SA11AI.4393 Amount of Each Receipt this Period 350.00
	Name of Employer ANDREWS AND ROWELL	Occupation SELF EMPI		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	1
<u>с</u> .	Full Name (Last, First, Middle Initial) MS YVONNE R BERRY 112			Date of Receipt
	Mailing Address 1019 VAN SICLEN AVE APT 5J	-		03 / D D / Y Y Y Y 03 16 2016
	City BROOKLYN	State NY	Zip Code 11207	Transaction ID : SA11AI.19804 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer NONE	Occupation RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	1
s	UBTOTAL of Receipts This Page (optional)			725.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 139 (check only one)
or		ne name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) MR DONALD L BICE 575 Mailing Address 31629 277TH ST City WINNER FEC ID number of contributing federal political committee. Name of Employer ROOTS AERIAL CROP SPRAYING SRV Receipt For:	State SD C Occupation VICE PRES		Date of Receipt 02 19 2016 Transaction ID : SA11AI.4857 Amount of Each Receipt this Period 300.00 Memo Item
В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MS FLORINE CAIN 926 Mailing Address 14 LAGO NORTE City IRVINE FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General General Other (specify) ▼	State CA Occupation RETIRED	300.00 Zip Code 92612	Date of Receipt 01 29 2016 Transaction ID : SA11AI.5517 Amount of Each Receipt this Period 300.00 Memo Item
C.	Full Name (Last, First, Middle Initial) MR JIMMY CANTRELL 734 Mailing Address 3862 SKI LINE City KINGSTON FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify)	State OK C Occupation RETIRED Aggregate	Zip Code 73439 Year-to-Date ▼ 250.00	Date of Receipt 01 25 2016 Transaction ID : SA11AI.5584 Amount of Each Receipt this Period 250.00 Memo Item

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 139 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND)		
Α.	Full Name (Last, First, Middle Initial) MS LYNN CARAS 995			Date of Receipt
	Mailing Address 16639 ELEONORA ST			M - M / D - D / Y - Y - Y - Y 03 07 2016
	City EAGLE RIVER	State AK	Zip Code 99577	Transaction ID : SA11AI.15500 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer PRIDE EQUESTRIAN CENTER	Occupation THERAPEL	JTIC TRAINER	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00]
в.	Full Name (Last, First, Middle Initial) MS LORIE CARMACK 730			Date of Receipt
	Mailing Address 18300 N WESTERN AVE	02 22 2016		
	City EDMOND	State OK	Zip Code 73012	Transaction ID : SA11AI.5625 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer LEGACY BANK	Occupation BANKER		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) MR ANTHONY CILLUFFO 193			Date of Receipt
	Mailing Address 518 MEADOWLARK TER			01 27 _2016 _
	City GLEN MILLS	State PA	Zip Code 19342	Transaction ID : SA11AI.5819 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00	
	Name of Employer	Occupation	I	Memo Item
	NONE Receipt For: Primary General	RETIRED Aggregate	Year-to-Date ▼	
	Other (specify)		250.00]
s	UBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 0F 139 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the	Statements may e name and ac	y not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND)		
A. MR JENS W CLARK 229			Date of Receipt
Mailing Address 1550 PANTOPS MOUNTAIN APT 203	IPL		03 14 _ 2016 _
City	State	Zip Code	Transaction ID : SA11AI.15613
CHARLOTTESVLE	VA	22911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer NONE	Occupation RETIRED		Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00]
Full Name (Last, First, Middle Initial) B. MRS IDELLE COLLINS 975			Date of Receipt
Mailing Address PO BOX 849	02 26 2016		
City	State	Zip Code	Transaction ID : SA11AI.5952
SHADY COVE	OR	97539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer NONE	Occupation RETIRED		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) C. MS LETA COOPER 933			Date of Receipt
Mailing Address 13027 APPALOOSA AVE			03 14 2016
City BAKERSFIELD	State CA	Zip Code 93314	Transaction ID : SA11AI.15721 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer NONE	Occupation HOMEMAKI	ER	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)			900.00

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S	CHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 10 OF 139							
IT	EMIZED RECEIPTS	for each category of the			(check only one)								
			Detailed Summary Page				14	15		16	17		
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by any pendotreas of any political committee	erson erson	for solicit	the pu	urpose o	of soliciti	ng co Ich c	ontribu	tions		
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUNE)											
A .	Full Name (Last, First, Middle Initial) MR JEROME D COYNE 463				Dat	e of F	Receipt						
	Mailing Address 7825 W 400 N		02 08 2016										
	City MICHIGAN CITY	State IN	Zip Code 46360					: SA11A					
			40300	_	Am	ount c	of Each	Receipt	this	Period			
	FEC ID number of contributing federal political committee.	С			Ļ					500.	00		
	Name of Employer	Occupation	1		ш	Memo	o item						
	NONE	RETIRED											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
в.	Full Name (Last, First, Middle Initial) MR MIKE EASTWOOD 591				Dat	e of F	Receipt						
	Mailing Address 3840 RIMROCK RD						03 30 / Y Y Y Y Y Y						
	City	State	Zip Code					: SA11A					
	BILLINGS	MT	59102	-	Am	ount c	of Each	Receipt	this	Period			
	FEC ID number of contributing federal political committee.					250.00							
	Name of Employer	Occupation		Memo Item									
	NONE	RETIRED											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		, 250.00										
с.	Full Name (Last, First, Middle Initial) MR DAVID H EGAN 956				Dat	e of F	Receipt						
	Mailing Address 2523 MCGREGOR DR				M	01	/ D 0	D / 4		2016	Y		
	City RANCHO CORDOVA	State CA	Zip Code 95670					: SA11A Receipt					
	FEC ID number of contributing federal political committee.	С					7	7		300.	00		
	Name of Employer	Occupation	1			Mem	o ltem						
	US POSTAL SERVICE	POSTAL C	LERK										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			• -			7	7		1050.	00		

Image# 201604159012423323

S	CHEDULE A (FEC Form 3X)			FOR				2.	PAGE	E 11	OF	139
ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						100	
		for each category of the Detailed Summary Page			11a	11	lb	\square	11c	12		
			Detailed Summary Tage		13	14	1		15	16		17
	y information copied from such Reports and S for commercial purposes, other than using the											
\square	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND											
	TEA FARTT MAJORITT FUND											
<u> </u>	Full Name (Last, First, Middle Initial) MR ROBERT GERSHIN 117				Date o	f Rece	ipt					
	Mailing Address 6 CRAIG ST				м м	/	D 05		/ Y	2016	Y	1
	City	State	Zip Code	1.1		sactior			11AL7			
	JERICHO	NY	11753	A						is Perio	bd	
	FEC ID number of contributing federal political committee.	С								30	0.00	
	Name of Employer	Occupation		- [Me	emo Iter	n					
	NONE	RETIRED										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3										
	Other (specify)	<u> </u>	300.00									
в.	Full Name (Last, First, Middle Initial) MR DAVID GROSSE 797				Date o	f Rece	ipt					
	Mailing Address 3009 GARDEN CITY HWY				м м 03	/	D 1(/ Y	2016	Y	1
	City	State	Zip Code		Trans	saction	ID	: SA	.11AI.1			
	MIDLAND	ТХ	79701	A	Amoun	t of Ea	ich	Rece	əipt thi	is Peric	bd	
	FEC ID number of contributing federal political committee.	С							3	25	0.00	
	Name of Employer FIRST SERVICE AIR CONDITIONING	Occupation			Me	emo lter	n					
	Receipt For:	PRESIDEN		_								
	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		350.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) MR EDMUND H HARDY 292				Date o	f Rece	ipt					
-	Mailing Address PO BOX 5595				м м 01	/	D 14		/ Y	2016	Y	1
	City	State	Zip Code	- "		sactior			11AL			
	COLUMBIA	SC	29250	A						is Perio	bd	
	FEC ID number of contributing federal political committee.	С							J		0.00	
	Name of Employer	Occupation	1	- [Me	emo lter	n					
	SELF EMPLOYED	INSURANC	E AGENT									
	Receipt For:		Year-to-Date ▼									
	Primary General	33 94.0										
	Other (specify)		300.00									
				-	_		_	_	_		-	_
s	UBTOTAL of Receipts This Page (optional)		•••••		-	7	-	-	7	850	0.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	e name and a		
Full Name (Last, First, Middle Initial) MR GIL HOLM 130 Mailing Address 3003 EAGER RD City LA FAYETTE FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (anality)	State NY C Occupation RETIRED Aggregate	Zip Code 13084 Year-to-Date ▼ 350.00	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. MR MIKE JACKA 465 Mailing Address 14561 COUNTY ROAD 12 City MIDDLEBURY FEC ID number of contributing federal political committee. Name of Employer LANDMARC ENVIRONMENTAL SYSTEMS LC Primary General Other (specify) ▼	State IN C Occupation PRINCIPAL	Zip Code 46540 Year-to-Date ▼ 250.00	Date of Receipt 02 15 2016 Transaction ID : SA11AI.8754 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) MR ERIC JOHNSON 460 Mailing Address 837 S PARK TRAIL DR City CARMEL FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify) ▼		Zip Code 46032 Year-to-Date ▼ 250.00	Date of Receipt

а.

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 139 (check only one) I1a 11b 11c 12 13 14 15 16 17
Any or f	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND			
Α.	Full Name (Last, First, Middle Initial) MR DANIEL JONES 953			Date of Receipt
_	Aailing Address 133 VINTAGE CT			03 21 2016
	City TURLOCK	State CA	Zip Code 95382	Transaction ID : SA11AI.17001 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		100.00
1	Name of Employer	Occupation		Memo Item
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00]
	Full Name (Last, First, Middle Initial) MR DALE E KEPLINGER 450			Date of Receipt
-	Mailing Address 3005 PRINCETON AVE	02 01 _2016 _		
	City MIDDLETOWN	State OH	Zip Code 45042	Transaction ID : SA11AI.9196 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
	Name of Employer NONE	Occupation RETIRED		Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) MR LLOYD KIPP 951			Date of Receipt
_	Mailing Address 1625 THE ALAMEDA STE 707			03 / D D / Y Y Y Y 28 2016
	City SAN JOSE	State CA	Zip Code 95126	Transaction ID : SA11AI.17109 Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		300.00
	Name of Employer	Occupation		Memo Item
_	VALLEY MANAGEMENT GROUP Receipt For:		CIAL REAL ESTATE Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
su	 IBTOTAL of Receipts This Page (optional)		•	650.00

1 9 1 9 1 1 9 1 1 M

0			Г	FOR LINE NUMBER: PAGE 14 OF 139					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 13 (check only one)					
ITEMIZED RECEIPTS			for each category of the	X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND								
<u> </u>	Full Name (Last, First, Middle Initial)								
Α.	MR BERNARD KOETHER 333			Date of Receipt					
	Mailing Address 757 SW 17TH ST SUITE 1074			03 31 _ 2016					
	City	State	Zip Code	Transaction ID : SA11AI.17154					
	FORT LAUDERDALE	FL	33316	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		200.00					
	Name of Employer	Occupation	l	Memo Item					
	TECHNOLOGY LICENSING CO	PRESIDEN	т						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		300.00						
	Full Name (Last, First, Middle Initial) MR JOE C LANE 740			Date of Receipt					
υ.	Mailing Address PO BOX 66								
				02 09 _2016					
	City	State	Zip Code	Transaction ID : SA11AI.9582					
	CHELSEA	OK	74016	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		300.00					
	Name of Employer NONE	Occupation RETIRED	I	Memo Item					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)	L	, 300.00						
C.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address 2585 162ND RD			02 18 2016					
	City OXFORD	State KS	Zip Code 67119	Transaction ID : SA11AI.9664 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
	Name of Employer	Occupation	1	— Memo Item					
	SELF EMPLOYED	FAMILY FA	ARMER						
	Receipt For:		Year-to-Date ▼						
	Primary General	, .99,09410							
	Other (specify)	L	340.00						
s	UBTOTAL of Receipts This Page (optional)			750.00					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 139 (check only one)							
IT	EMIZED RECEIPTS		for each category of the	(check only one)							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline & & & & 11a \\ \hline & & & 11a \\ \hline & & & 13 \\ \hline & & & 14 \\ \hline & & & 15 \\ \hline & & & 16 \\ \hline & & & 17 \\ \hline \end{array}$							
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any pound of any pound of any political committee	erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND)									
Α.	Full Name (Last, First, Middle Initial) MR CHARLES M LYNCH 453	Date of Receipt									
	Mailing Address 2051 STATE ROUTE 571	01 19 2016									
	City	State	Zip Code	Transaction ID : SA11AI.10022							
	GREENVILLE	OH	45331	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
	Name of Employer	Occupation	1	— Memo Item							
	NONE	RETIRED									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
в.	Full Name (Last, First, Middle Initial) MR DONALD MCELREATH 736			Date of Receipt							
	Mailing Address 323 S EASTERN AVE			01 13 _2016 _							
	City	Transaction ID : SA11AI.10485									
	HOBART	OK	73651	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	250.00									
	Name of Employer	Occupation	l	Memo Item							
	NONE	RETIRED									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) MS LORI MOODY 670			Date of Receipt							
	Mailing Address 1726 ASPEN CREEK DR			02 26 2016							
	City	State	Zip Code	Transaction ID : SA11AI.10941							
	ANDOVER	KS	67002	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		500.00							
	Name of Employer	Occupation	1	Memo Item							
	SELF EMPLOYED	COMMERC	CIAL REAL ESTATE								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1							
s	UBTOTAL of Receipts This Page (optional)			1000.00							
т	OTAL This Period (last page this line number	only)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 139 (check only one) I1a 11b 11c 12 13 14 15 16 17				
	for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND							
Α.	Full Name (Last, First, Middle Initial) MR JOHN MURRAY 294			Date of Receipt				
	Mailing Address 233 FOREST TRL			01 25 2016				
	City ISLE OF PALMS	State SC	Zip Code 29451	Transaction ID : SA11AI.11148 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer NONE	Occupation RETIRED	I	Memo Item				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00					
в.	Full Name (Last, First, Middle Initial) MS LINDA L NEFOS 196			Date of Receipt				
	Mailing Address 1427 LACROSSE AVE			01 06 / Y Y Y Y Y 01 06				
	City READING	State PA	Zip Code 19607	Transaction ID : SA11AI.11238 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		350.00				
	Name of Employer NONE	Occupation RETIRED		Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00					
<u> </u>	Full Name (Last, First, Middle Initial) MS ALICIA M OSE 546			Date of Receipt				
	Mailing Address N22052 PELLOWSKI RD			03 15 2016				
	City ARCADIA	State WI	Zip Code 54612	Transaction ID : SA11AI.17961 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		200.00				
	Name of Employer NONE	Occupation RETIRED		Memo Item				
	Receipt For:		Year-to-Date ▼					
	Other (specify)		400.00					
s	UBTOTAL of Receipts This Page (optional)			800.00				

SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 17 OF 139										
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the			(check only one)									
			Detailed Summary Page				11b		1c	12	<u> </u>				
Δ.	y information copied from such Reports and	Statemente m	av not be sold or used by any n	arson	for th		14		5	16 contribu	1 Itions				
	for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	TEA PARTY MAJORITY FUN	D													
Α.	Full Name (Last, First, Middle Initial) MR DONALD M PETKUS 604				Date of Receipt										
	Mailing Address 12401 ARCHER AVE		03 31 _ 2016												
	City	State	Zip Code		Tra	nsact	tion ID	: SA1	1AI.18	8088					
	LEMONT	IL	60439	_	Amou	int of	Each	Recei	pt this	Period					
	FEC ID number of contributing federal political committee.	С					,		7	300.	.00				
	Name of Employer	Occupation	1		N	lemo	Item								
	SELF EMPLOYED	FUNERAL	DIRECTOR												
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify)		11												
В.	Full Name (Last, First, Middle Initial) MS JOAN H ROGERS 365								Date of Receipt						
-	Mailing Address 109 CRESTVIEW CIR						03 23 _2016 _								
	City	State Zip Code					Transaction ID : SA11AI.18388								
	DAPHNE	AL 36526				Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			100.00										
	Name of Employer	Occupation	1	\neg	— Memo Item										
	NONE	RETIRED													
	Receipt For:	Aggregate	Year-to-Date ▼		-										
	Primary General Other (specify) ▼	275.00													
<u>с</u> .	Full Name (Last, First, Middle Initial) MR TIMOTHY G ROTHWELL 08	35			Date	of Re	eceipt								
	Mailing Address 207 SANDY RIDGE MOUN	T AIRY RD			02			D / 9		y y y 2016	Y				
	City	State	Zip Code				tion ID								
	STOCKTON	NJ	08559		Amou	int of	Each	Recei	pt this	Period	l				
	FEC ID number of contributing federal political committee.	С					7		7	300.	.00				
	Name of Employer	Occupation	1	_	N	1emo	ltem								
	NONE	RETIRED													
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General														
	Other (specify)														
Γ		1				-				700.	00				
5	UBTOTAL of Receipts This Page (optional)		•••••••	•			7		7	700.	00				
1	OTAL This Period (last page this line numbe	r only)													
1.		<i>,</i> ,		-		-	7		1						

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 139 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the			
)		
Full Name (Last, First, Middle Initial) A. CLAUDE C ROUSE 779			Date of Receipt
Mailing Address PO BOX B			01 / Y Y Y Y Y 2016
City HALLETTSVILLE	State TX	Zip Code 77964	Transaction ID : SA11AI.12586 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer NONE	Occupation RETIRED		Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. MR MICHAEL J SABELLA 183			Date of Receipt
Mailing Address 1530 E FOREST DR	State	Zip Code	02 19 2016
SAYLORSBURG	PA	18353	Transaction ID : SA11AI.12693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer NONE	Occupation RETIRED		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. MR GEORGE SANDERS 750			Date of Receipt
Mailing Address 14131 MIDWAY RD			03 18 2016
City ADDISON	State TX	Zip Code 75001	Transaction ID : SA11AI.18516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer	Occupation		— Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 139 (check only one) (check only one) 11c 12 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND						
Α.	Full Name (Last, First, Middle Initial) MR JOHN M SANSOM 325			Date of Receipt			
	Mailing Address 9455 PENSACOLA BLVD STE B			03 10 Y Y Y Y Y Y			
	City PENSACOLA	State FL	Zip Code 32534	Transaction ID : SA11AI.18524			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer ACCOUNTANT	Occupation CUSTOME	R SERVICE REPRESEN	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1			
_	Full Name (Last, First, Middle Initial)			Date of Dessint			
в.	MS SUE A SHORT 217 Mailing Address 6506 MORNINGSIDE CT			Date of Receipt 03 16 2016			
	City MIDDLETOWN	State MD	Zip Code 21769	Transaction ID : SA11AI.18661 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		200.00			
	Name of Employer NONE	Occupation RETIRED		Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1			
с.	Full Name (Last, First, Middle Initial) MS BARBARA SMITH 532			Date of Receipt			
	Mailing Address 3222 E HAMPSHIRE ST			02 05 2016			
	City MILWAUKEE	State WI	Zip Code 53211	Transaction ID : SA11AI.13335 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C					
	Name of Employer NONE						
	Receipt For:	Aggregate	Year-to-Date ▼	_			
	Other (specify)		300.00	1			
s	UBTOTAL of Receipts This Page (optional)			1500.00			

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 139 (check only one)
	Statements may not be sold or used by any pene name and address of any political committee	
Full Name (Last, First, Middle Initial) A. MS BARBARA SMITH 532 Mailing Address 3222 E HAMPSHIRE ST City MILWAUKEE FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (creatify)	State Zip Code WI 53211 C Occupation RETIRED Aggregate Year-to-Date ▼ 600.00	Date of Receipt 03 23 2016 Transaction ID : SA11AI.18735 Amount of Each Receipt this Period 300.00 Memo Item
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. MR PETER SONTAG 337 Mailing Address 2399 HILLCREEK CIR E City CLEARWATER FEC ID number of contributing federal political committee. Name of Employer REFUSED Receipt For: Primary General Other (specify) ▼	State Zip Code FL 33759 C Occupation CEO Aggregate Year-to-Date ▼ 500.00	Date of Receipt 01 04 2016 Transaction ID : SA11AI.13416 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) C. MS JEANNE M SPAULDING 94 Mailing Address 541 E CRESCENT DR City PALO ALTO FEC ID number of contributing federal political committee. Name of Employer NONE Receipt For: Primary General Other (specify)	3 State Zip Code CA 94301 C Occupation RETIRED Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		850.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 OF 139							
			Use separate schedule(s) for each category of the	(check only one)							
••			Detailed Summary Page	X 11a 11b 11c 12							
_				13 14 15 16 17							
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUNE)									
<u>د</u>	Full Name (Last, First, Middle Initial) MR DOUGLAS E SWANSON 995		Date of Receipt								
	Mailing Address 10271 HAMPTON DR			02 10 _ 2016 _							
	City	State	Zip Code	Transaction ID : SA11AI.13812							
	ANCHORAGE	AK	99507	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		300.00							
	Name of Employer	Occupation	1	— Memo Item							
	CONICAL PHILLIPS	ENGINEEF	R								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3		1							
	Other (specify)	L	300.00								
В.	Full Name (Last, First, Middle Initial) MR CLARENCE J TRUDEAU 129										
	Mailing Address 30 NEWELL AVE	g Address 30 NEWELL AVE									
	City	Transaction ID : SA11AI.19046									
	PLATTSBURGH	NY	12901	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.		100.00								
	Name of Employer	Occupation	1	Memo Item							
	NONE	RETIRED		_							
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		, 250.00]							
<u></u> с.	Full Name (Last, First, Middle Initial) MR IRVING UPSHAW 750			Date of Receipt							
	Mailing Address 2751 N CYPRESS CIR			02 26 2016							
	City	State	Zip Code	Transaction ID : SA11AI.14254							
	PLANO	ТХ	75075	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		300.00							
	Name of Employer	Occupation	1	Memo Item							
	NONE	RETIRED									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) V	300.00									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			700.00							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 OF 13 (check only one)
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12
٨٠	v information conied from such Reports and	Statemente m	Av not be sold or used by any n	13 14 15 16 17 erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUNI	C		
Α.	Full Name (Last, First, Middle Initial) MR GARRY VANDENBERG 230			Date of Receipt
	Mailing Address PO BOX 51			02 01 _ 2016 _
	City	State	Zip Code	Transaction ID : SA11AI.14278
	FORK UNION	VA	23055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
	Name of Employer	Occupation	1	Memo Item
	NONE	RETIRED		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		350.00	1
в.	Full Name (Last, First, Middle Initial) MR JAMES VAN EVERA 254			Date of Receipt
	Mailing Address 7948 MARTINSBURG PIKE			03 02 2016
	City	State	Zip Code	Transaction ID : SA11AI.19111
	SHEPHERDSTOWN	WV	25443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NONE	Occupatior RETIRED	1	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		, 250.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) MR HERSHEL WIGGINS 394			Date of Receipt
	Mailing Address 76 Z R MITCHELL RD			01 28 2016
	City POPLARVILLE	State MS	Zip Code 39470	Transaction ID : SA11AI.14804 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Memo Item
	NONE	RETIRED		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			850.00
Т	OTAL This Period (last page this line numbe	r only)		

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S	CHEDULE A (FEC Form 3X)			-			JMBEF	R: PA	GE 23 (DF	139
ΙТ	EMIZED RECEIPTS		Use separate schedule(s) for each category of the		neck c	-	- ·				
			Detailed Summary Page		X 11a	۱ <u>–</u>	11b	11c			7
	y information copied from such Reports and S	tatomonto m	w not be cold or used by any n	orcon	13		14	15	16	utions	17
	for commercial purposes, other than using the										•
$\left \right $	NAME OF COMMITTEE (In Full)										
	TEA PARTY MAJORITY FUND										
V	Full Name (Last, First, Middle Initial)										
Α.	MS NANCY A WILSON 080 Mailing Address 80 SEVENTH ST						eceipt	_			
	Maining Address & SEVENTE ST				M 02		0		2016	Y	
	City	State	Zip Code		Tra	nsact	tion ID	: SA11/	AI.14886		
	SALEM	NJ	08079	_	Amou	unt of	Each	Receipt	this Period	ł	
	FEC ID number of contributing federal political committee.	С							100		٦.
	Name of Employer	Occupation				Лето	ltem				
	NONE	RETIRED									
	Receipt For:		Year-to-Date ▼	_							
	Primary General	Aggregate		11.							
	Other (specify)		300.00	4							
	Full Name (Last, First, Middle Initial)										
В.	MS NANCY A WILSON 080				Date	of Re	eceipt				
	Mailing Address 80 SEVENTH ST				М		D		Y Y Y	Y	
	City	State	Zip Code	_	03		3		2016	_	
	SALEM	NJ	08079						AI.19374 this Period	ł	
	FEC ID number of contributing	0							400	00	
	federal political committee.	С			Ŀ		7		100	.00	
	Name of Employer	Occupation	I		N	Nemo	ltem				
	NONE	RETIRED									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		400.00	11.							
C	Full Name (Last, First, Middle Initial) JAMES J WILSON 201				Date	of B	eceipt				
0.	Mailing Address PO BOX 392				M	M		D /	Y Y Y	Y	
		<u> </u>			01	1	1	8	2016		
	City MIDDLEBURG	State VA	Zip Code 20118						AI.14888	1	
	FEC ID number of contributing				Amou		Each	Receipt	this Period	1	_
	federal political committee.	С					7		250	.00	_
	Name of Employer	Occupation			N	Nemo	ltem				
	INTERSTATE GENERAL CO	FOUNDER	& CEO								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00	11.							
	1					-				00	_
s	UBTOTAL of Receipts This Page (optional)						7		450	.00	
Т	OTAL This Period (last page this line number	only)		•							

IТ 	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 139 (check only one) (check only one)<
	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	name and a		
Α.	Full Name (Last, First, Middle Initial) ORVAN YODER 465 Mailing Address PO BOX 144 City TOPEKA FEC ID number of contributing federal political committee. Name of Employer OK SAW AND TOOL INC Receipt For: Primary General Other (specify)		MAN Year-to-Date ▼ 250.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation	Zip Code	Date of Receipt
с.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼		Zip Code Year-to-Date ▼	Date of Receipt
s	UBTOTAL of Receipts This Page (optional)			100.00

 14875.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 OF 139
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12
_				13 14 15 16 X 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND)		
<u> </u>	Full Name (Last, First, Middle Initial) INFOCISION MANAGEMENT CORP			Date of Receipt
	Mailing Address 325 SPRINGSIDE DRIVE			01 08 _ 2016 _
	City	State	Zip Code	Transaction ID : SA17.20017
	AKRON	OH	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		917.00
	Name of Employer	Occupation	1	Memo Item
		Cooupation		LIST RENTAL INCOME
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Other (specify)		917.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
-	Mailing Address			M M / D D / Y Y Y Y Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			917.00
F.	OTAL This Period (last page this line number	ophy)		917.00

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	City	State	Zip Code		6186.37				
	AKRON	OH	44333	Т	Transaction ID : SE.4099 Date of Disbursement or Obligation				
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	Name of Federal Candidate		Support	Office	Sought: House District: 00				
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,	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized							
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	o 04	M / D D / Y Y Y Y Y 15 2016				
	Signature								

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 39 OF 139 FOR LINE 24 OF FORM 3X				
					FEC IDENTIFICATION NUMBER V				
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	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount				
	City	State	Zip Code		8175.44				
	City AKRON	OH	44333		esaction ID : SE.4105 te of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M M / D D / Y Y Y Y 01 12 / 2016				
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00				
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: AZ				
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General Other (specify) ►				
	Full Name of Payee		🗙 Memo Ite	em Dat	te of Public Distribution/Dissemination				
	INFOCISION MANAGEMENT	CORP			01 / Y Y Y Y 01 12 2016				
	Mailing Address 325 SPRINGSIDE DRIVE		Am	nount					
	City	State	Zip Code		3749.10				
	AKRON	ОН	44333		nsaction ID : SE.4106 te of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016				
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00				
	HILLARY RODHAM CLINTON		X Oppose		sident Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General] Other (specify) ►				
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00				
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •					
	(c) TOTAL Independent Expenditures			•					
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized							
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016				
	Signature								

ITE	MIZED INDEPENDENT EXPENDITURE	:5				PAGE 40 FOR LINE 24	OF 139 4 OF FORM 3X		
	ME OF COMMITTEE (In Full)				I		N NUMBER V		
Т	EA PARTY MAJORITY FUND				Cc	00566174			
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on /	D D /	Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT CORP		🗙 Memo It	tem	Date of Public				
	Mailing Address				01	12 /	2016		
	325 SPRINGSIDE DRIVE				Amount				
	City	State	Zip Code				47833.48		
	AKRON	OH	44333		Transaction ID Date of Disbur		bligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	12 /	2016 Y		
	Name of Federal Candidate		Support	Office	Sought:	House [District: 00		
	HILLARY RODHAM CLINTON		X Oppose		President	Senate	State: CA		
	Calendar Year-To-Date		0.00	Disbur 2016	rsement For:	Primary	K General		
	Per Election for Office Sought		0.00	2010	Other (specify)				
	Full Name of Payee INFOCISION MANAGEMENT COP	RP	🗙 Memo Ite	em	Date of Public				
		<u> </u>			01	12	2016		
	Mailing Address 325 SPRINGSIDE DRIVE				Amount				
	City	State	Zip Code				6541.69		
	AKRON	ОН	44333		Transaction ID Date of Disbur		bligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	12	2016		
	Name of Federal Candidate		Support	Office	Sought:	House [District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X	President	Senate	State: CO		
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbu 2016	rsement For:	Primary	X General		
					Other (spe	ecify) ►			
	(a) SUBTOTAL of Itemized Independent Expendit	tures		🕨			0.00		
	(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· •					
	(c) TOTAL Independent Expenditures			►	· · ·				
,	Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized							
	SCOTT B MACKENZIE	Flectron	ically Filed]	M	M / D D	/ 7 7			
	Signature		Date	e 04	15	2016	<u></u>		

116	MIZED INDEPENDENT EXPEND	TURES			PAGE FOR I	41 OF 139 LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIF	ICATION NUMBER V
Т	EA PARTY MAJORITY FUNE)			C C00566	6174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed on	M M / D	D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	em Da	M M / D	
	Mailing Address 325 SPRINGSIDE DRIV	E		An	01 1: nount	2 2016
	City	State	Zip Code			4674.62
	AKRON	OH	44333		nsaction ID : SE.4 te of Disbursemen	1110
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEI	ĒKS	Category/ Type 004		01 / D	D / Y Y Y Y
	Name of Federal Candidate		Support	Office So	ught: Hou	use District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre		
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	nent For: P] Other (specify) Ⅰ	Primary X General
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distri	ibution/Dissemination
	INFOCISION MANAGEMENT	CORP			01 / D	2 / Y Y Y Y 2 2016
	Mailing Address 325 SPRINGSIDE DRIV		An	nount	2 2010	
	City	State	Zip Code	— Г		1182.32
	AKRON	ОН	44333		nsaction ID : SE.4 ate of Disburseme	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 / D	
	Name of Federal Candidate		Support	Office So	ught: Hou	use District: 00
	HILLARY RODHAM CLINTON		X Oppose			nate State: <u>DE</u>
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburser 2016	nent For: P	Primary X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures				0.00
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		• •		-7
	(c) TOTAL Independent Expenditures			•••		-47-
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro)	nically Filed] Date	04	/ D.D./ 15	2016
	Signature					

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 42 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Dat	te of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount
	City	State	Zip Code		25352.62
	AKRON	OH	44333		isaction ID : SE.4112 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	٨S	Category/ Type 004		01 / Y Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State:
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General
	Full Name of Payee		🗙 Memo Ite	em Dat	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			
	Mailing Address 325 SPRINGSIDE DRIVE		Am	01 12 2016 nount	
	City	State	Zip Code		12329.25
	AKRON	ОН	44333		nsaction ID : SE.4113 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
	(c) TOTAL Independent Expenditures			••	
,	Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 4	3 OF 139 E 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)					TION NUMBER 🔻			
Т	EA PARTY MAJORITY FUNI)			C C00566174	L			
Ch	eck if24-hour report48-hour r	eport New rep	port Amends repo	ort filed on	M = M / D = D	/ Y = Y = Y = Y			
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	em Date	e of Public Distributio	on/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amo	01 12	2016			
				And					
	City	State	Zip Code			1801.26			
	AKRON	ОН	44333		e of Disbursement of				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 / 12	2016			
	Name of Federal Candidate		Support	Office Soug	ght: House	District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate	State: HI			
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme	ent For: Prima Other (specify) ▶	ary 🗙 General			
	Full Name of Payee		🗙 Memo Ite		e of Public Distributio	on/Dissemination			
	INFOCISION MANAGEMEN	ΓCORP				/ Y Y Y Y			
	Mailing Address 325 SPRINGSIDE DRIV		Amo	01 12 punt	2016				
	City	State	Zip Code			1947.12			
	AKRON	ОН	44333		saction ID : SE.4115 e of Disbursement o				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 / 12	/ Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Sou	ght: House	District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident Senate	State:ID			
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme 2016	ent For: Prima Other (specify) ▶	ary 🗙 General			
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•		0.00			
	(b) SUBTOTAL of Uniternized Independen	It Expenditures		• •					
	(c) TOTAL Independent Expenditures								
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro:	nically Filed] Date	04		016			
	Signature								

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 44 FOR LINE 2	OF 139 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATIO	ON NUMBER V
Т	EA PARTY MAJORITY FUNI)			C	C00566174	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	tem D	M M /	DD/	Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/Ε		A	01 mount	12	2016
	City	State	Zip Code	E			16445.73
	AKRON	OH	44333		ansaction ID ate of Disbu	: SE.4116 Irsement or C	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01	D D /	2016
	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose		esident	Senate	State:IL
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburse 2016	ment For:	Primary	X General
	Full Name of Payee		🗙 Memo Ite	em D	ate of Public	c Distribution	Dissemination
	INFOCISION MANAGEMEN	Г CORP			01		Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIV		A	mount	12	2010	
	City	State	Zip Code	— Г			8279.67
	AKRON	ОН	44333		ansaction ID ate of Disbu	D: SE.4117 ursement or C	Dbligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 01	12	2016 Y
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pr	resident	Senate	State: <u>IN</u>
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	0.00	Disburse 2016	ement For:	Primary	General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					0.00
					-7-		
	(b) SUBTOTAL of Unitemized Independer	it Expenditures		·· •	-7-		
	(c) TOTAL Independent Expenditures			·· •			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D 15	/ Y Y 201	ү ү 6
	Signature						

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 45 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Ame	01 12 2016 ount
		Otata	Zie Oada	— r	2004.07
	City AKRON	State OH	Zip Code 44333		3934.97 saction ID : SE.4118 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M M M J D D J Y
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	other (specify) ►
	Full Name of Payee		🗙 Memo Ite	em Dat	te of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE		Am	01 12 2016 nount	
	City	State	Zip Code		3614.13
	AKRON	ОН	44333		saction ID : SE.4119 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose		sident Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•• •	
	(c) TOTAL Independent Expenditures			•••	
,	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D-D / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	ITURES			PAGE 46 OF 1 FOR LINE 24 OF FOR	39 M 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBE	R 🔻
Т	EA PARTY MAJORITY FUNE)			C C00566174	
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed on		Ŷ
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	em Dat	te of Public Distribution/Disseminat	
	Mailing Address 325 SPRINGSIDE DRIV	Έ		Am	01 12 2016 nount	
	City	State	Zip Code		5635.6	7
	AKRON	OH	44333		saction ID : SE.4120 te of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
	Name of Federal Candidate		Support	Office Sou	ught: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State:	٢Y
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X Ge] Other (specify) ►	neral
	Full Name of Payee		🗙 Memo Ite	em Dat	te of Public Distribution/Dissemination	tion
	INFOCISION MANAGEMEN	Г CORP				
	Mailing Address 325 SPRINGSIDE DRIV		Am	01 12 2016 nount		
	City	State	Zip Code		5817.8	5
	AKRON	ОН	44333		nsaction ID : SE.4121 tte of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 / D D / Y Y 2016	
	Name of Federal Candidate		Support	Office Sou	ught: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pres		LA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem	nent For: Primary X Ge] Other (specify) ►	eneral
	(a) SUBTOTAL of Itemized Independent E	xpenditures			0.00)
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		•• ▶		
	(c) TOTAL Independent Expenditures			•	· · · · · · · · · · ·	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	e 04	/ D D / Y Y Y Y 15 2016	
	Signature					

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 47 OF 139 FOR LINE 24 OF FORM 3X				
					FEC IDENTIFICATION NUMBER V				
I	EA PARTY MAJORITY FUND				C C00566174				
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on					
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	tem Da	ate of Public Distribution/Dissemination				
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount				
	City	State	Zip Code		1782.35				
	City AKRON	OH	44333		nsaction ID : SE.4122 ate of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M M / D D / Y Y Y Y 12 / 2016				
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00				
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: ME				
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary X General				
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination				
	INFOCISION MANAGEMENT	CORP			M M / D D / Y Y Y Y				
	Mailing Address 325 SPRINGSIDE DRIVE		An	01 12 2016 mount					
	City	State	Zip Code	— Г	7543.04				
	AKRON	ОН	44333		nsaction ID : SE.4123 ate of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEI	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016				
	Name of Federal Candidate		Support	Office So	ought: House District: 00				
	HILLARY RODHAM CLINTON		X Oppose		esident Senate State: <u>MD</u>				
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary X General				
	(a) SUBTOTAL of Itemized Independent Exp	penditures			0.00				
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •					
	(c) TOTAL Independent Expenditures			·· •					
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized							
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016				
	Signature								

ITE		25				PAGE 48 FOR LINE 24	OF 139 4 OF FORM 3X
	ME OF COMMITTEE (In Full)						N NUMBER 🔻
Т	EA PARTY MAJORITY FUND				Cc	00566174	
					M M /		
Ch	eck if 24-hour report 48-hour report	New rep	· ·				
	Full Name of Payee INFOCISION MANAGEMENT CORP		🗙 Memo It	tem	Date of Public	D D /	Dissemination
	Mailing Address				01	12	2016
	325 SPRINGSIDE DRIVE				Amount		
	City	State	Zip Code				8722.67
	AKRON	OH	44333	Т	Transaction ID Date of Disbur		bligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	12 /	2016 Y
	Name of Federal Candidate		Support	Office	Sought:	House [District: 00
	HILLARY RODHAM CLINTON		X Oppose		President	Senate	State: MA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur 2016	sement For:	Primary	X General
					Other (spe	ecify) ►	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo Ite	em	Date of Public	Distribution/	Dissemination
	Mailing Address				01	12	2016
	325 SPRINGSIDE DRIVE				Amount		
	City	State	Zip Code				12758.48
	AKRON	OH	44333	٦	Transaction ID Date of Disbur		bligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	12 /	2016
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X	President	Senate	State: MI
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur 2016	sement For:	Primary	X General
		, , ,			Other (spe	ecify) ►	
	(a) SUBTOTAL of Itemized Independent Expendi	itures		• •			0.00
	(b) SUBTOTAL of Unitemized Independent Exper	nditures		·· ►			
	(c) TOTAL Independent Expenditures						
,	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	didate or authorized					
	SCOTT B MACKENZIE	Flaster	ically Filed]	M		/ Y Y	
	Signature		Date	€ 04	15	2016	

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 49 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Da	ate of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount
	City	State	Zip Code		6845.70
	City AKRON	OH	44333		nsaction ID : SE.4126 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	<s< td=""><td>Category/ Type 004</td><td></td><td></td></s<>	Category/ Type 004		
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: <u>MN</u>
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	nent For: Primary X General Other (specify) ►
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			
	Mailing Address 325 SPRINGSIDE DRIVE			An	01 12 2016 mount
	City	State	Zip Code		3750.39
	AKRON	ОН	44333		nsaction ID : SE.4127 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEI	KS	Category/ Type 004		01 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose		esident Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•• •	
	(c) TOTAL Independent Expenditures			•••	
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPENDIT	URES			PAGE 50 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Da	te of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			An	01 12 2016 nount
		State	Zip Code	— Г	7739.82
	City AKRON	OH	44333		nsaction ID : SE.4128 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M M / D D / Y Y Y Y 01 / 12 / 2016
	Name of Federal Candidate		Support	Office So	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburser 2016	nent For: Primary X General
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			
	Mailing Address 325 SPRINGSIDE DRIVE			Ar	01 12 2016 nount
	City	State	Zip Code	— I Г	1305.82
	AKRON	ОН	44333		nsaction ID : SE.4129 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose		esident Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburser 2016	nent For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
	(c) TOTAL Independent Expenditures			•••	
,	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize			
	SCOTT B MACKENZIE	[Electro:	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES				AGE 51 OR LINE 24	OF 139 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDE	NTIFICATIO	N NUMBER 🔻
Т	EA PARTY MAJORITY FUNI)			C co	00566174	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M = M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	em Dat	M M /	DD/	Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/Ε		Am	01 nount	12	2016
	City	State	Zip Code				2327.00
	AKRON	OH	44333		saction ID : te of Disburs		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 /	^D ^D /	2016
	Name of Federal Candidate		Support	Office Sou	ught:	House [District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate	State: NE
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For:	Primary cify) ►	General
	Full Name of Payee		🗙 Memo Ite	em Da	te of Public	Distribution/I	Dissemination
	INFOCISION MANAGEMEN	Г CORP			01 /	D D /	y y y y 2016
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	nount	12	2010
	City	State	Zip Code				3466.41
	AKRON	ОН	44333		nsaction ID : ite of Disburs		bligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01 /	12	2016
	Name of Federal Candidate		Support	Office Sou	ught:	House I	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate	State:
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	nent For:	Primary cify) ▶	K General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					0.00
					-7-	-7-	
	(b) SUBTOTAL of Uniternized Independer	It Expenditures				-7-	
	(c) TOTAL Independent Expenditures			•• •			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D_D 15	/ Y Y 2016	
	Signature						

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 52 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Dat	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 ount
	City	State	Zip Code		1747.40
	AKRON	OH	44333		saction ID : SE.4132 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	<s< td=""><td>Category/ Type 004</td><td></td><td>01 / D D / Y Y Y Y 01 12 / 2016</td></s<>	Category/ Type 004		01 / D D / Y Y Y Y 01 12 / 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident Senate State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	ent For: Primary X General Other (specify) ►
	Full Name of Payee		🗙 Memo Ite	em Dat	e of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 ount
	City	State	Zip Code		11408.59
	AKRON	ОН	44333		saction ID : SE.4133 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: NJ
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	ent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Exp	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
	(c) TOTAL Independent Expenditures			•••	
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D-D / Y-Y-Y-Y 15 2016
	Signature				

ITE	MIZED INDEPENDENT EXPENDITURI	ES				AGE 53 OR LINE 24	OF 139 OF FORM 3X
	ME OF COMMITTEE (In Full)				I		
Т	EA PARTY MAJORITY FUND				C co	0566174	
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed o	on/	D D /	YYYYYY
	Full Name of Payee INFOCISION MANAGEMENT CORP		🗙 Memo It	tem	Date of Public E		
	Mailing Address				01	12 /	2016
	Mailing Address 325 SPRINGSIDE DRIVE				Amount		
	City	State	Zip Code				2630.35
	AKRON	OH	44333	Т	Transaction ID : Date of Disburs		oligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		M M / 01	D D / 12	2016
	Name of Federal Candidate		Support	Office	Sought:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose		President	Senate	State: NM
	Calendar Year-To-Date		0.00	Disburs 2016	sement For:	Primary	K General
	Per Election for Office Sought		0.00	2010	Other (spec	:ify) ▶	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo Ite	em	Date of Public I		
					01 /	12 /	2016
	Mailing Address 325 SPRINGSIDE DRIVE				Amount		
	City	State	Zip Code		· · · · ·		25547.99
	AKRON	ОН	44333	r	Transaction ID : Date of Disburs		oligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	^D 12 /	y y y y 2016
	Name of Federal Candidate		Support	Office	Sought:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X	President	Senate	State: <u>NY</u>
	Calendar Year-To-Date		0.00	Disbur 2016	sement For:	Primary	K General
	Per Election for Office Sought				Other (spec	cify) ►	
	(a) SUBTOTAL of Itemized Independent Expendi	itures					0.00
	(b) SUBTOTAL of Unitemized Independent Expe	nditures					
	(c) TOTAL Independent Expenditures			►		7	1 474 1
	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
	SCOTT B MACKENZIE	Flactron	ically Filed]	M	M / D D	/ 7 7	Y
	Signature		Date	€ 04	15	2016	-

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 54 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	tem Da	te of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			An	01 12 2016 nount
	City	State	Zip Code	E	12402.39
	AKRON	OH	44333		nsaction ID : SE.4136 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	<s< td=""><td>Category/ Type 004</td><td></td><td>M M / D D / Y Y Y Y 01 12 / 2016</td></s<>	Category/ Type 004		M M / D D / Y Y Y Y 01 12 / 2016
	Name of Federal Candidate		Support	Office So	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	sident Senate State: <u>NC</u>
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburser 2016	nent For: Primary X General
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			
	Mailing Address 325 SPRINGSIDE DRIVE			Ar	01 12 2016 nount
	City	State	Zip Code	— Г	896.71
	AKRON	ОН	44333		nsaction ID : SE.4137 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident Senate State: ND
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburser 2016	nent For: Primary X General
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		·· •	
	(c) TOTAL Independent Expenditures			·· •	
,	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 55 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Dat	te of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount
	City	State	Zip Code		14898.50
	City AKRON	OH	44333		nsaction ID : SE.4138 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M M / D D / Y Y Y Y 01 12 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: Primary X General
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			01 12 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Arr	01 12 2016 nount
	City	State	Zip Code		4805.82
	AKRON	ОН	44333		nsaction ID : SE.4139 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	nent For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•• •	
	(c) TOTAL Independent Expenditures			•••	
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 56 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Dat	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 ount
	City	State	Zip Code		5062.90
	AKRON	OH	44333		saction ID : SE.4140 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	۲S	Category/ Type 004		01 / D D / Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	ent For: Primary X General Other (specify) ►
	Full Name of Payee		🗙 Memo Ite	em Dat	te of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount
	City	State	Zip Code		16800.18
	AKRON	ОН	44333		saction ID : SE.4141 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem	nent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•• ▶	· · · · · · · · · · · ·
	(c) TOTAL Independent Expenditures			•••	
,	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 57 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if24-hour report48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	em Da	ate of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Am	01 12 2016 nount
	City	State	Zip Code		1399.94
	City AKRON	OH	44333		nsaction ID : SE.4142 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	۲S	Category/ Type 004		
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State:
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	nent For: Primary X General Other (specify) ►
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			01 / Y Y Y Y 01 12 2016
	Mailing Address 325 SPRINGSIDE DRIVE			An	nount
	City	State	Zip Code		6056.91
	AKRON	ОН	44333		nsaction ID : SE.4143 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident Senate State: SC
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•• ▶	
	(c) TOTAL Independent Expenditures			•• •	
,	Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPENDITORES	i			PAGE 58 OF 139 FOR LINE 24 OF FORM 3X		
					FEC IDENTIFICATION NUMBER ▼		
	EA PARTY MAJORITY FUND				C C00566174		
Ch	eck if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on			
	Full Name of Payee INFOCISION MANAGEMENT CORP		🗙 Memo It	tem D	Date of Public Distribution/Dissemination		
	Mailing Address 325 SPRINGSIDE DRIVE			A	01 12 2016 mount		
	City	State	Zip Code	F	1045.08		
	AKRON	OH	44333		ansaction ID : SE.4144 Date of Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 / <u>2016</u> / <u>2016</u>		
	Name of Federal Candidate		Support	Office S	ought: House District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pr	resident Senate State: <u>SD</u>		
	Calendar Year-To-Date Per Election for Office Sought	T T T	0.00	Disburse 2016	ement For: Primary X General Other (specify) ►		
	Full Name of Payee		🗙 Memo Ite	em E	Date of Public Distribution/Dissemination		
	INFOCISION MANAGEMENT CORF	2			01 / Y Y Y Y Y 01 12 2016		
	Mailing Address 325 SPRINGSIDE DRIVE			A	Amount		
	City	State	Zip Code		8266.04		
	AKRON	ОН	44333		ansaction ID : SE.4145 Date of Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		M 01 / D D / Y Y Y Y 2016		
	Name of Federal Candidate		Support	Office S	Sought: House District: 00		
	HILLARY RODHAM CLINTON		X Oppose		resident Senate State: TN		
	Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disburse 2016	ement For: Primary X General Other (specify) ►		
	(a) SUBTOTAL of Itemized Independent Expenditure	es			0.00		
	(b) SUBTOTAL of Unitemized Independent Expendi	tures		•••			
	(c) TOTAL Independent Expenditures			•••			
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	04	/ D D / Y Y Y Y 15 2016		
	Signature						

116	EMIZED INDEPENDENT EXPENDIT	URES			PAGE 59 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	port New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗙 Memo It	tem Da	ate of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Arr	01 12 2016 nount
	City	State	Zip Code		31497.31
	City AKRON	OH	44333		nsaction ID : SE.4146 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEP	۲S	Category/ Type 004		M = M / D = D / Y = Y = Y Y = Y = Y = Y = Y = Y = Y =
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary X General
	Full Name of Payee		🗙 Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMENT	CORP			M M / D D / Y Y Y Y 01 12 2016
	Mailing Address 325 SPRINGSIDE DRIVE			An	mount
	City	State	Zip Code	— Г	3260.01
	AKRON	ОН	44333		nsaction ID : SE.4147 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	KS	Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident Senate State: UT
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursen 2016	ment For: Primary
	(a) SUBTOTAL of Itemized Independent Ex	penditures			0.00
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
	(c) TOTAL Independent Expenditures				
	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	o 04	/ D D / Y Y Y Y Y 15 2016
	Signature				

ITE	MIZED INDEPENDENT EXPENDITURES		PAGE 60 OF 139 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Т	EA PARTY MAJORITY FUND		C C00566174
Ch	eck if 24-hour report 48-hour report New re		
	Full Name of Payee INFOCISION MANAGEMENT CORP	🔀 Memo Item	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE		01122016
			Amount
	City State	Zip Code	842.24
	AKRON OH	44333	Transaction ID : SE.4148 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004	M M / D D / Y Y Y Y 01 12 / 2016
	Name of Federal Candidate	Support Offi	ce Sought: House District: 00
	HILLARY RODHAM CLINTON		✓ President Senate State: VT
	Calendar Year-To-Date Per Election for Office Sought	0.00 Dis 201	
		× Memo Item	Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMENT CORP	× Memo tem	Date of Public Distribution/Dissemination
	Mailing Address		01 12 2016
	325 SPRINGSIDE DRIVE		Amount
	City State	Zip Code	10507.65
	AKRON OH	44333	Transaction ID : SE.4149 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004	M 01 / 12 / Y Y Y 2016
	Name of Federal Candidate	Support Offi	ice Sought: House District: 00
	HILLARY RODHAM CLINTON	X Oppose	President Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought	0.00 Dis 20*	bursement For: Primary X General
	(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	SCOTT B MACKENZIE [Electro	onically Filed] Date	04 15 2016
	Signature		

ITE	MIZED INDEPENDENT EXPENDITUR	ES			PAGE 61 OF 139 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Т	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if24-hour report48-hour report	New rep	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CORP		🗙 Memo It	tem	Date of Public Distribution/Dissemination
					01 / D D / Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIVE				Amount
	City	State	Zip Code		8833.35
	AKRON	ОН	44333	-	Transaction ID : SE.4150 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		M 01 / D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X	President Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbui 2016	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee		🗙 Memo Ite	em	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP				01 12 2016
	Mailing Address 325 SPRINGSIDE DRIVE				Amount
	City	State	Zip Code		2475.11
	AKRON	OH	44333		Transaction ID : SE.4151 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X	President Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbu 2016	rsement For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expend	itures		🕨	0.00
	(b) SUBTOTAL of Unitemized Independent Expe	nditures		·· •	
	(c) TOTAL Independent Expenditures			🕨	
	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 authorized			
	SCOTT B MACKENZIE	[Electron	tically Filed] Date	- 04	M / D D / Y Y Y Y Y
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 62 FOR LINE 2	OF 139 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC ID		ON NUMBER 🔻
Т	EA PARTY MAJORITY FUNI)			С	C00566174	
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	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	tem D	M M /	DD/	/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/E		A	01 mount	12	2016
	City	State	Zip Code	— Г			7381.31
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	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01	12	2016 Y
	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose			Senate	State: WI
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburse 2016	ment For:	Primary	General
	Full Name of Payee		🗙 Memo Ite	em D	ate of Public	c Distribution	/Dissemination
	INFOCISION MANAGEMENT CORP				01		Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		A	mount	12	2010
	City	State	Zip Code	— I [729.15
	AKRON	ОН	44333		ansaction ID ate of Disbu	D: SE.4153 ursement or (Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WE	EKS	Category/ Type 004		01	12	2016 Y
	Name of Federal Candidate		Support	Office Se	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose		esident	Senate	State: <u>WY</u>
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disburse 2016	ement For:	Primary Decify) ►	/ X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					0.00
						-7-	
	(b) SUBTOTAL of Unitemized Independer	t Expenditures		••			
	(c) TOTAL Independent Expenditures						
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	/ D D 15	/ Y Y 201	у у 6
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NAME OF COMMITTEE (in Full) FEC DENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C Cobies 7.4 Check II24-hour report All hour report New report Amends report field on C Cobies 7.4 Check II24-hour report All hour report New report Amends report field on C Cobies 7.4 Full Name of Payse INFOCISION MANAGEMENT CORP Memoilern Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Amount Tables 200 field on C Cobignation City State Zip Code Amount Tables 200 field on C Cobignation Name of Federal Candidate Support Office Sought House District_00 President Senate State D Cobignation Name of Federal Candidate 0.00 Cobies Sought President Senate State D Cobies Sought C Cobiesennet of Distribution/Dissemination City State Zip Code Memoiltern C Code Atrice 200 field C Code Atrice 200 field Cobiesenet of Displation Name of Federal Candidate Quo C field Cobiesenet for: President Senate State: Atrice 200 field Co	IIE	MIZED INDEPENDENT EXPEND	TURES				PAGE 63 OF 139 FOR LINE 24 OF FORM 3	X
TEA PARTY MAJORITY FUND C cooses 174 Check II 24-hour report 48-hour report Amends report filed on Image: Cooses 174 Check II 24-hour report 48-hour report Amends report filed on Image: Cooses 174 Full Name of Payse X Memo Nem Date of Public Distribution/Dissemination Image: Cooses 174 Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination Image: Cooses 174 City State Zip Code Amount Image: Cooses 174 VOTER CONTACT OVER SEVERAL WEEKS Catogory/ Ord Image: Cooses 174 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON Oppose President Rs: Coole Oppose Per Election for Office Sought 0.00 If Conter (specify) Cote Full Name of Payse Memo Nem Date of Public Distribution/Dissemination If 2 2016 Mailing Address 326 SPRINGSIDE DRIVE Memo Nem Date of Public Distribution/Dissemination If 2 2016 North City State Zip Code Zitz 3 Zitz 3 Zitz 3 <td>NA</td> <td>ME OF COMMITTEE (In Full)</td> <td></td> <td></td> <td></td> <td>FEC I</td> <td></td> <td></td>	NA	ME OF COMMITTEE (In Full)				FEC I		
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City State Zip Code AKRON OH 44333 Purpose of Expenditure OH 44333 Purpose of Expenditure Category/ 04 VOTER CONTACT CALLS Category/ 04 Name of Federal Candidate Support Office Sought: House HILLARY RODHAM CLINTON Image: Category of the state AL Calendar Year-To-Date Disbursement For: Primary General Calendar Year-To-Date Disbursement For: Primary General Calendar Year-To-Date Disbursement For: Primary General Cole Office Sought 2112.53 Office Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 2112.53 2112.53 (b) SUBTOTAL of Unitemized Independent Expenditures 2112.53 Under penalty of perjury I certify that the independent expenditures or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. Scottr B MACKENZE Electronicelly Eited		Mailing Address				01	12 2016	4
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Purpose of Expenditure Category/ Type 004 01 29 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON © Oppose President Senate State: AL Calendar Year-To-Date Disbursement For: Primary © General 2016 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 2112.53 Category/ 01 212.53 (b) SUBTOTAL of Unitemized Independent Expenditures 2112.53 2112.53 2112.53 (c) TOTAL Independent Expenditures 2112.53 2112.53 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		AKRON	ОН	44333				
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Calendar Year-To-Date Per Election for Office Sought 2112.53 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures. > 2112.53 > 2112.53 (b) SUBTOTAL of Unitemized Independent Expenditures. > 2112.53 > 2112.53 (c) TOTAL Independent Expenditures. > > 2112.53 > > 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 or its agent. SCOTT B MACKENZIE Electronically Eited! Math / Part / P		Name of Federal Candidate		Support	Office Soug	jht: [House District: 00	
Per Election for Office Sought 2112.53 2016 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures		HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	Senate State: AL	
 (a) SUBTOTAL of Itemized Independent Expenditures. (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. 				2112.53	2016			al
(b) SUBTOTAL of Unitemized Independent Expenditures						outor (o		
(c) TOTAL Independent Expenditures		(a) SUBTOTAL of Itemized Independent E	xpenditures		• •	-7-	2112.53	
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) SUBTOTAL of Unitemized Independen	t Expenditures		• •			٦
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.								
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]		(c) TOTAL Independent Expenditures			•			
[Flactronically Filed]	١	with, or at the request or suggestion of, ar	ny candidate or authorized					
		SCOTT B MACKENZIE	[Electron	ically Filed]	04	15	2016	
Signature Date 04 15 2016		Signature						

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 64 OF 139 FOR LINE 24 OF FORM 3X
				FE	EC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J		C	C C00566174
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	rt filed on	M / D D / Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	
	Mailing Address 325 SPRINGSIDE DRIV	/E		01 Amount	12 2016
	City.	Ctata	Zin Code		207.07
	City AKRON	State OH	Zip Code 44333		307.07 on ID : SE.20020 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01	M / D D / Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	
	Calendar Year-To-Date Per Election for Office Sought		307.07	Disbursement F 2016 Othe	for: Primary X General
Full Name of Payee INFOCISION MANAGEMENT COR		T CORP	🗌 Memo Ite	M M	
	Mailing Address 325 SPRINGSIDE DRIV		0^ Amount	1 12 2016	
	City	State	Zip Code		2791.76
	AKRON	ОН	44333		on ID : SE.20021 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	0,	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought		2791.76	Disbursement F 2016 Othe	For: Primary X General Pr (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•	3098.83
	(b) SUBTOTAL of Unitemized Independen	nt Expanditures			7
	(b) SOBTOTAL OF OTHERNIZED INdependent	it Experiatures			-apapap.
	(c) TOTAL Independent Expenditures			•	7
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro:	nically Filed] Date		15 / 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 65 OF 139 FOR LINE 24 OF FORM 3X
				1	FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C00566174
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amoun	01 12 2016 t
	City	State	Zip Code		1280.25
	AKRON	OH	44333		tion ID : SE.20022 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М)1 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	1280.25	Disbursement 2016 Oth	For: Primary X General
Full Name of Payee INFOCISION MANAGEMENT C		T CORP	🗌 Memo Ite	Date O	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	'E		Amoun	
	City	State	Zip Code		16334.23
	AKRON	ОН	44333		tion ID : SE.20023 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 ^M / ^D 29 ^J / ^Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought		16334.23	Disbursement 2016	For: Primary X General Anter (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures			17614.48
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures			
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 / 2016
	Signature				

ITE	EMIZED INDEPENDENT EXPEND	ITURES				PAGE 66 OF FOR LINE 24 OF FOF	139 RM 3X
NA	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMB	
Т	EA PARTY MAJORITY FUNI	D			С	C00566174	
						00000174	
Ch	eck if 24-hour report 48-hour r	report New rep	ort Amends repo	ort filed on	M M		Y
	Full Name of Payee INFOCISION MANAGEMENT C		Memo It	em Da	ate of Publi	c Distribution/Dissemina	tion
		ORP			^M 01	/ D D / Y Y 12 2016	
	Mailing Address 325 SPRINGSIDE DRIV	/E		Ar	nount		
	City	State	Zip Code			2233.8	36
	AKRON	ОН	44333			D : SE.20024 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01	/ <u>29</u> / <u>2016</u>	
	Name of Federal Candidate		Support	Office So	uaht:	House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pre		Senate State:	со
	Calendar Year-To-Date Per Election for Office Sought		2233.86	Disburser 2016	ment For: Other (s		eneral
	Full Name of Payee		Memo Ite	em Dá		ic Distribution/Dissemina	tion
	INFOCISION MANAGEMENT CORP				M M	/ D D / Y Y	Y Y
	Mailing Address				01	12 2016	
	325 SPRINGSIDE DRIVE				nount		
	City	State	Zip Code			1596.2	29
	AKRON	OH	44333			D : SE.20025 ursement or Obligation	
	Purpose of Expenditure		Category/		M M	/ D_D / Y_Y	
	VOTER CONTACT CALLS		Type 004	_	01	29 201	6
	Name of Federal Candidate		Support	Office Sc	ought:	House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident	Senate State:	СТ
	Calendar Year-To-Date Per Election for Office Sought		1596.29	Disburser 2016	ment For:	Primary X Go	eneral
	(a) SUBTOTAL of Itemized Independent E	Expenditures		• •		3830.1	5
	(b) SUBTOTAL of Unitemized Independer	It Expenditures		••			
	(c) TOTAL Independent Expenditures			Г			-
					-7		_
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]	M		/	
	Signature		Date	9 04	15	2016	

116	MIZED INDEPENDENT EXPEND	IURES			PAGE 67 OF 139 FOR LINE 24 OF FORM 3X
				FI	EC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNE)			C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	rt filed on	M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo Ite	M	Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		0' Amount	1 12 2016
	City	State	Zip Code		403.74
	City AKRON	OH	44333		ion ID : SE.20026 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		Oppose	X President	
	Calendar Year-To-Date Per Election for Office Sought		403.74	Disbursement F 2016 Othe	For: Primary
Full Name of Payee INFOCISION MANAGEMENT CORP		r corp	🗌 Memo Iter	M	Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV		Amount		
	City	State	Zip Code		8657.44
	AKRON	ОН	44333		ion ID : SE.20027 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	0	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	t Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		8657.44	Disbursement F 2016	For: Primary X General er (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	9061.18
	(b) SUBTOTAL of Unitemized Independen	t Expenditures			
	(c) TOTAL Independent Expenditures				7- 7- 7-
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / C	15 / Y Y Y Y 15 2016
	Signature				

116	EMIZED INDEPENDENT EXPEND	JITURES				FOR LINE 2	OF 139 4 OF FORM 3X		
NA	NAME OF COMMITTEE (In Full)								
T	EA PARTY MAJORITY FUN	D				C00566174			
						000300174			
Ch	Check if 24-hour report 48-hour report New report Amends report filed on / Y Y Y Y Y								
	Full Name of Payee INFOCISION MANAGEMENT C		Memo It	tem	Date of Public	c Distribution/	Dissemination		
					01	12 ^{//}	2016 Y		
	Mailing Address 325 SPRINGSIDE DRI	VE			Amount				
	City	State	Zip Code				4210.20		
	AKRON	ОН	44333		Transaction ID Date of Disbu		bligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 /	29 /	2016		
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X F	President	Senate	State:GA		
	Calendar Year-To-Date Per Election for Office Sought		4210.20	Disburs 2016	sement For:	Primary	X General		
	Full Name of Payee		Memo Ite	em			Dissemination		
	INFOCISION MANAGEMENT CORP				M M	/ D D /	Y Y Y Y		
	Mailing Address 325 SPRINGSIDE DRI				01	12	2016		
	325 SPRINGSIDE DRI	VE			Amount				
	City	State	Zip Code		· · · ·		615.09		
	AKRON	ОН	44333	I	Transaction ID	D : SE.20029 ursement or C			
	Purpose of Expenditure		Category/		M M	/ D D /	Y Y Y Y		
	VOTER CONTACT CALLS		Type 004		01	29	2016		
	Name of Federal Candidate		Support	Office	Sought:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X	President	Senate	State: HI		
	Calendar Year-To-Date Per Election for Office Sought		615.09	Disburs 2016	sement For:	Primary	X General		
					Other (sp	becity) 🕨			
	(a) SUBTOTAL of Itemized Independent	Expenditures					4825.29		
		·			-7-	-7-			
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		- •					
	(c) TOTAL Independent Expenditures			" >		-7-			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized	•						
	SCOTT B MACKENZIE	[Electron	ically Filed]	M	M / D D		Y Y		
	Signature		Date	9 04	15	201	0		

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 69 FOR LINE 24	OF 139 OF FORM 3X
					FEC II	DENTIFICATIO	N NUMBER 🔻
I	EA PARTY MAJORITY FUNI	J			С	C00566174	
Ch	eck if 24-hour report 48-hour r	eport New rep	port Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M	ic Distribution/D	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 ount	12	2016
	City	State	Zip Code				664.90
	AKRON	OH	44333			D:SE.20030 ursement or Ot	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 01	/ D_D / 29	2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: ID
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	664.90	Disbursem 2016	ent For: Other (sp	Primary pecify) ►	X General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	🗌 Memo Ite	m Dat	M M	ic Distribution/E	Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV		Am	01 ount	12	2016	
	City	State	Zip Code				5615.90
	AKRON	ОН	44333			D : SE.20031 oursement or Ol	oligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01	/ 29 /	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State:IL
	Calendar Year-To-Date Per Election for Office Sought		5615.90	Disbursem 2016	ent For: Other (s	Primary pecify) ►	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					6280.80
	(b) SUBTOTAL of Uniterpized Independent	t Evpondituroo					
	(b) SUBTOTAL of Unitemized Independen	it Experiatures		•	-7-		
	(c) TOTAL Independent Expenditures				-7		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ 15	/ Y Y 2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	II URES				PAGE 70	OF 139 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC I		
Т	EA PARTY MAJORITY FUN	D			1000		
					С	C00566174	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y
	Full Name of Payee		Memo It	em Dat	e of Publ	ic Distribution	/Dissemination
			^M 01	/ D D / 12	2016 Y		
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	ount		
	City	State	Zip Code				2827.35
	AKRON	ОН	44333			D: SE.20032 oursement or	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01	/ 29	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State:IN
	Calendar Year-To-Date Per Election for Office Sought		2827.35	Disbursem 2016		Primar	y 🗙 General
	Full Name of Payee		Memo Ite	em Dat			n/Dissemination
	INFOCISION MANAGEMENT CORP				M	/ D D /	Y Y Y Y
	Mailing Address				01	12	2016
	325 SPRINGSIDE DRIV	/E		Am	ount		
	City	State	Zip Code				1343.72
	AKRON	ОН	44333			D: SE.20033	
	Purpose of Expenditure		Category/ 004				Y Y Y Y
	VOTER CONTACT CALLS		Type 004		01	29	2016
	Name of Federal Candidate		Support	Office Sou	ight:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate	State: <u>IA</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	1343.72	Disbursem 2016		Primar	y 🗙 General
	(a) SUBTOTAL of Itemized Independent	Expenditures		• •	-7		4171.07
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		• •			
	(c) TOTAL Independent Expenditures						
				-	-7		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorize					
		-					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ 15	20 ⁻	16 ^Y
	Signature						

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 71 OF 139 FOR LINE 24 OF FORM 3X
				FEC	IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C	C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	oort Amends repor	rt filed on	/ D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	Memo Ite	M M	lic Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE	E		01 Amount	12 2016
	City AKRON	State OH	Zip Code 44333		1234.16 ID : SE.20034 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		/ D D / Y Y Y Y 29 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		1234.16	Disbursement For: 2016 Other (s	Primary X General Specify) ►
Full Name of Payee INFOCISION MANAGEMENT COR		CORP	🗌 Memo Iter		blic Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Amount	
	City	State	Zip Code		1924.47
	AKRON	ОН	44333		ID : SE.20035 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01	29 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: <u>KY</u>
	Calendar Year-To-Date Per Election for Office Sought		1924.47	Disbursement For: 2016 Other (Primary X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	3158.63
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
,	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / ^D	
	Signature				

116	MIZED INDEPENDENT EXPEND	TURES		PAGE 72 OF 139 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Т	EA PARTY MAJORITY FUNE)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends report	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CO)RP	Memo Ite	M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV			
				Amount
	City AKRON	State OH	Zip Code 44333	1986.68 Transaction ID : SE.20036 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		1986.68	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT COR		CORP	🗌 Memo Iten	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	Ē		Amount
	City	State	Zip Code	608.64
	AKRON	ОН	44333	Transaction ID : SE.20037 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M M / D D / Y Y Y Y 01 29 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought		608.64	Disbursement For: Primary X General 2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	xpenditures		▶ 2595.32
	(b) CURTOTAL of Uniterpized Independent	t Evpandituraa		
	(b) SUBTOTAL of Unitemized Independent	Expenditures		
	(c) TOTAL Independent Expenditures			
,		y candidate or authorize		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 15 / Y Y Y Y 04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPEND	ITURES			PAGE 73 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNE	J			C C00566174
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amour	01 12 2016
	0.1		7' 0 - d-		0575.04
	City AKRON	State OH	Zip Code 44333		2575.81 ction ID : SE.20038 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М	01 / 29 / Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	
	Calendar Year-To-Date Per Election for Office Sought		2575.81	Disbursement 2016	t For: Primary X General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP			Date e	of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	É		Amour	01 12 2016 nt
	City	State	Zip Code		2978.62
	AKRON	ОН	44333		ction ID : SE.20039 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M	01 / ^D 29 / ^Y 2016
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought		2978.62	Disbursement 2016	t For: Primary X General ther (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures			5554.43
	(b) SUBTOTAL of Unitemized Independen	t Expanditures			<u> </u>
	(b) SOBTOTAL OF OFficentized independent				
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	ITURES				AGE 74 OR LINE 24	OF 139 OF FORM 3X
					FEC IDE	NTIFICATIO	N NUMBER 🔻
I	EA PARTY MAJORITY FUNE	J			C co	00566174	
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Ite	em Date	M M /	Distribution/D	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amo	01 unt	12	2016
	City	State	Zip Code				4356.78
	AKRON	OH	44333		action ID : of Disburs	SE.20040 sement or Ob	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01	^D 29 /	2016
	Name of Federal Candidate		Support	Office Soug	ht:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent	Senate	State: MI
	Calendar Year-To-Date Per Election for Office Sought		4356.78	Disburseme	nt For:	_ Primary cify) ►	X General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP			m Date	M M /	Distribution/D	vissemination
	Mailing Address 325 SPRINGSIDE DRIV	Ē		Amo	01 unt	12	2010
	City	State	Zip Code				2337.68
	AKRON	ОН	44333		action ID : of Disburs	SE.20041 sement or Ob	bligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [M M / /	^D 29 /	2016
	Name of Federal Candidate		Support	Office Soug	iht:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent	Senate	State: MN
	Calendar Year-To-Date Per Election for Office Sought		2337.68	Disburseme	ent For:	Primary cify) ►	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					6694.46
	(b) SUBTOTAL of Unitemized Independen	t Expenditures					
					-7-	-7-	
	(c) TOTAL Independent Expenditures			•		-7-	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15	2016	Y
	Signature						

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 75 OF 139 FOR LINE 24 OF FORM 3X
				F	FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C00566174
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	rt filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amount	12 2016 t
	City	State	Zip Code		1280.69
	AKRON	OH	44333		tion ID : SE.20042
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М	11 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	
	Calendar Year-To-Date Per Election for Office Sought		1280.69	Disbursement 2016 Oth	For: Primary X General
	Full Name of Payee Memory INFOCISION MANAGEMENT CORP			M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amount	
	City	State	Zip Code		2643.00
	AKRON	ОН	44333		tion ID : SE.20043 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / ^D 29 / ^Y <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u> <u>Y</u>
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought		2643.00	Disbursement 2016	For: Primary
	(a) SUBTOTAL of Itemized Independent E	Expenditures			3923.69
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures			
		·			- AP - 1 - AP - 1 - AP - 1
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 / 2016
	Signature				

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 76 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if24-hour report48-hour re	eport New rep	oort Amends report	filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	Memo Iten	
	Mailing Address 325 SPRINGSIDE DRIVE	Ξ		01 12 2016 Amount
	City AKRON	State OH	Zip Code 44333	445.91 Transaction ID : SE.20044 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M M / D D / Y Y Y 01 29 / 2016
	Name of Federal Candidate		Support	Dffice Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2016 Other (specify) ►
	Full Name of Payee	CORP	Memo Item	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE	 E		Amount
	City	State	Zip Code	794.63
	AKRON	OH	44333	Transaction ID : SE.20045 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / ^D 29 / ^Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: NE
	Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2016 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		1240.54
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•
,	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 77 OF 139 FOR LINE 24 OF FORM 3X		
				FEC	IDENTIFICATION NUMBER V		
I	EA PARTY MAJORITY FUND)		С	C00566174		
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends report	rt filed on			
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Ite	M M	blic Distribution/Dissemination		
	Mailing Address 325 SPRINGSIDE DRIV	E		01 Amount	12 2016		
	City	Chata	Zin Onde		4400.74		
	City AKRON	State OH	Zip Code 44333		1183.71 ID : SE.20046 bursement or Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01	/ D D / Y Y Y Y 29 / 2016		
	Name of Federal Candidate		Support	Office Sought:	House District: 00		
	HILLARY RODHAM CLINTON		Oppose	X President	Senate State: <u>NV</u>		
	Calendar Year-To-Date Per Election for Office Sought		1183.71	Disbursement For: 2016 Other (Primary X General Specify) ▶		
	Full Name of Payee	Memo Iter		blic Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DRIVE				01 Amount			
	City	State	Zip Code		596.71		
	AKRON	ОН	44333		ID : SE.20047 sbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01	/ D_D / Y_Y Y Y 29 / 2016		
	Name of Federal Candidate		Support	Office Sought:	House District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: <u>NH</u>		
	Calendar Year-To-Date Per Election for Office Sought		596.71	Disbursement For 2016 Other	: Primary X General (specify) ►		
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	1780.42		
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•			
	(c) TOTAL Independent Expenditures						
					7		
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / D			
	Signature						

116	EMIZED INDEPENDENT EXPEND	TIURES			L	PAGE 78 FOR LINE 2	OF 139 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATIO	ON NUMBER V
Т	EA PARTY MAJORITY FUNI	2			C	C00566174	
Oh					M M /	D D /	Y Y Y Y Y
Cn	eck if 24-hour report 48-hour r	report New rep					
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	of Public	Distribution/	
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo		12	2016
	0.1	0	7. 0. 1.				0005.00
	City AKRON	State OH	Zip Code 44333			: SE.20048 rsement or C	3895.82
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M /	^D 29	2016
	Name of Federal Candidate		Support	Office Soug	jht:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent	Senate	State:NJ
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	3895.82	Disburseme	ent For: Other (spe	Primary ecify) ►	X General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP				of Public	Distribution	Dissemination
					M M /	D D / 12	2016
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	ount		
	City	State	Zip Code				898.21
	AKRON	ОН	44333			: SE.20049 Irsement or (Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 /	29 /	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ght:	House	District: 00
	HILLARY RODHAM CLINTON			X Presi	dent	Senate	State: <u>NM</u>
	Calendar Year-To-Date Per Election for Office Sought		898.21	Disburseme 2016	ent For: Other (sp	Primary	General
	(a) SUBTOTAL of Itemized Independent E	Expenditures			-7-		4794.03
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures		•			
	(c) TOTAL Independent Expenditures				-7-		
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed]	04 /	15 D	/ 201	у у 6
	Signature		Date			201	

116	MIZED INDEPENDENT EXPEND	TURES			PAGE 79 FOR LINE	OF 139 24 OF FORM 3X
					FEC IDENTIFICAT	ON NUMBER V
I	EA PARTY MAJORITY FUNE)			C C00566174	
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo		I M / D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Ite	em Date	of Public Distribution	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou	01 12 Int	2016
	City	State	Zip Code			8724.15
	AKRON	OH	44333		ction ID : SE.20050 of Disbursement or	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Ν	01 / D D /	2016 Y
	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate	State: <u>NY</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	8724.15	Disbursemen 2016	nt For: Primar	y 🗙 General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP			Date	of Public Distribution	Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou	01 12 int	2016
	City	State	Zip Code			4235.18
	AKRON	ОН	44333		action ID : SE.20051 of Disbursement or	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [01 / 29	y y y y 2016
	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent Senate	State: <u>NC</u>
	Calendar Year-To-Date Per Election for Office Sought		4235.18	Disbursemer 2016	nt For: Primar Dther (specify) ►	y 🗙 General
	(a) SUBTOTAL of Itemized Independent E	xpenditures				12959.33
	(b) SUBTOTAL of Unitemized Independen	t Expenditures				
					-77-	
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	15 / Y Y 20	Y Y 16
	Signature					

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 80 OF FOR LINE 24 OF FOF	139 RM 3X
					FEC IDENTIFICATION NUMB	ER 🔻
I	EA PARTY MAJORITY FUNI	J			C C00566174	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		= M / D = D / Y = Y = Y	Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	of Public Distribution/Dissemina	Y Y
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amour	01 12 2016 nt	
	0.1	01-1-	7: 0. 1.		000	
	City AKRON	State OH	Zip Code 44333		306.2 ction ID : SE.20052 of Disbursement or Obligation	21
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М	01 / 29 / 2016	
	Name of Federal Candidate		Support	Office Sought	t: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Preside		ND
	Calendar Year-To-Date Per Election for Office Sought		306.21	Disbursement 2016	t For: Primary	eneral
	Full Name of Payee Memo Iten INFOCISION MANAGEMENT CORP			Date	of Public Distribution/Dissemina	Y Y
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amou		,
	City	State	Zip Code		5087.5	56
	AKRON	ОН	44333		ction ID : SE.20053 of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / 29 / Y Y 201	
	Name of Federal Candidate		Support	Office Sough	t: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State:	OH
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	5087.56	Disbursemen 2016	t For: Primary X Getther (specify) ►	eneral
	(a) SUBTOTAL of Itemized Independent E	Expenditures			5393.7	7
	(b) SUBTOTAL of Unitemized Independen	at Exponditures				-
	(b) SOBTOTAL OF ONLEMIZED INdependen					-
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 / 2016	
	Signature					

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 81 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	🗌 Memo Ite	
	Mailing Address 325 SPRINGSIDE DRIVE	Ξ		01 12 2016
	City AKRON	State OH	Zip Code 44333	1641.10 Transaction ID : SE.20054 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / 29 / 2016
	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		1641.10	Disbursement For: Primary X General 2016 Other (specify) ►
	Full Name of Payee	CORP	🗌 Memo Iter	
	Mailing Address 325 SPRINGSIDE DRIVE	 E		01 12 2016 Amount
	City	State	Zip Code	1728.88
	AKRON	ОН	44333	Transaction ID : SE.20055 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President State: OR
	Calendar Year-To-Date Per Election for Office Sought		1728.88	Disbursement For: Primary X General 2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	xpenditures		▶ 3369.98
	(b) SUBTOTAL of Unitemized Independent	Expenditures		 Image: A second s
	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 82 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	🗌 Memo Ite	M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE	Ξ		01 12 2016 Amount
	City	State	Zip Code	5736.94
	City AKRON	OH	44333	Transaction ID : SE.20056 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: PA
	Calendar Year-To-Date Per Election for Office Sought		5736.94	Disbursement For: Primary X General 2016 Other (specify) ►
	Full Name of Payee	CORP	🗌 Memo Iten	
Mailing Address 325 SPRINGSIDE DRIVE				01122016 Amount
	City	State	Zip Code	478.05
	AKRON	ОН	44333	Transaction ID : SE.20057 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / ^D D / ^Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: RI
	Calendar Year-To-Date Per Election for Office Sought		478.05	Disbursement For: Primary X General 2016 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures		6214.99
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•
	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPEND	TURES				83 OF 139 E 24 OF FORM 3X
					FEC IDENTIFIC	ATION NUMBER V
I	EA PARTY MAJORITY FUNE)			C C0056617	'4
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		M = M / D = D	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	of Public Distribut	/ Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	01 12 unt	2016
	City	State	Zip Code			2068.32
	AKRON	OH	44333		action ID : SE.200 of Disbursement of	58
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / D D D 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent Senate	
	Calendar Year-To-Date Per Election for Office Sought		2068.32	Disburseme	nt For: Prim	ary 🗙 General
	Full Name of Payee Memo Itel INFOCISION MANAGEMENT CORP			m Date	of Public Distribut	tion/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo		
	City	State	Zip Code			356.87
	AKRON	OH	44333		action ID : SE.200 of Disbursement	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	jht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate	e State: <u>SD</u>
	Calendar Year-To-Date Per Election for Office Sought	7 7	356.87	Disburseme 2016	ent For: Prim Other (specify) ►	nary 🗙 General
	(a) SUBTOTAL of Itemized Independent E	xpenditures				2425.19
	(b) SUBTOTAL of Unitemized Independen	t Expenditures				
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /		2016
	Signature					

116	MIZED INDEPENDENT EXPEND	IIURES			PA0 FO	GE 84 OF 1 R LINE 24 OF FOR	39 M 3X
					FEC IDEN	TIFICATION NUMBE	R 🔻
I	EA PARTY MAJORITY FUNI	J			C C00	566174	
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo		M M / D	D / Y Y Y	Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M / C		-
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01	12 2016	-
	City	State	Zip Code			2822.6	0
	AKRON	OH	44333		action ID : S		5
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004			29 / 2016	Y
	Name of Federal Candidate		Support	Office Soug	ght: H	louse District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent S		「N
	Calendar Year-To-Date Per Election for Office Sought		2822.69	Disburseme 2016	ent For:		neral
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP			m Date		stribution/Disseminat	Y
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo		12 2010	
	City	State	Zip Code			10755.7	3
	AKRON	ОН	44333		saction ID : S	E.20061 ment or Obligation	_
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 /	29 / Y Y Y 2016	
	Name of Federal Candidate		Support	Office Soug	ght: H	louse District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent S	Senate State:	TX
	Calendar Year-To-Date Per Election for Office Sought		10755.73	Disburseme 2016	ent For:		neral
	(a) SUBTOTAL of Itemized Independent E	Expenditures				13578.42	
	(b) SUBTOTAL of Unitemized Independen	t Expenditures					-
							-
	(c) TOTAL Independent Expenditures					1 AP 1 AP	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	15 ⁰	2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	TURES				85 OF 139 NE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)					ATION NUMBER V
Т	EA PARTY MAJORITY FUN	D			C C005661	74
					M M / D D	/
Ch	eck if 24-hour report 48-hour i	report New rep	oort Amends repo			
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em Date	M = M / D = D	ition/Dissemination
	Mailing Address 325 SPRINGSIDE DRIN	/F			01 12	2016
				Amo	unt	
	City	State	Zip Code			1113.23
	AKRON	ОН	44333		action ID : SE.200 of Disbursement	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ght: House	e District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senat	e State: UT
	Calendar Year-To-Date Per Election for Office Sought		1113.23	Disburseme 2016	ent For: Prir Other (specify) ►	mary 🗙 General
	Full Name of Payee		(1)	ution/Dissemination		
	INFOCISION MANAGEMENT CORP				M M / D D 01 12	/ Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIV	/E				2010
				Amc	Junt	
	City	State	Zip Code			287.61
	AKRON	ОН	44333		saction ID : SE.20 e of Disbursement	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght: House	e District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident Senat	te State: VT
	Calendar Year-To-Date Per Election for Office Sought		287.61	Disburseme 2016	ent For: Prin Other (specify) ►	mary 🔀 General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		•		1400.84
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures			-7-	-7
	(c) TOTAL Independent Expenditures					<u>→</u> · · · → ·
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed]	04	/ D.D. / Y 15	2016
	Signature		Date		Lĩ L	

116	MIZED INDEPENDENT EXPEND	ITURES			PAGE 86 OF 139 FOR LINE 24 OF FORM 3X
				ſ	FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNE	J			C C00566174
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amoun	01 12 2016 t
	City	State	Zip Code		3588.16
	City AKRON	OH	44333		tion ID : SE.20064 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М)1 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	
	Calendar Year-To-Date Per Election for Office Sought	7 7	3588.16	Disbursement 2016 Oth	For: Primary X General
	Full Name of Payee	Г CORP	🗌 Memo Ite	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	Έ		Amoun	01 12 2016 t
	City	State	Zip Code		3016.42
	AKRON	ОН	44333		tion ID : SE.20065 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / D D / Y Y Y Y 29 / 2016
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: WA
	Calendar Year-To-Date Per Election for Office Sought		3016.42	Disbursement 2016	For: Primary X General Anter (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures			6604.58
	(b) SUBTOTAL of Unitemized Independen	t Expenditures			7 7 7
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	mically Filed] Date	04 /	15 / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 87 FOR LINE 24 (OF 139 DF FORM 3X
				FEC IDENTIFICATION	NUMBER 🔻
I	EA PARTY MAJORITY FUND)		C C00566174	
Ch	eck if 24-hour report 48-hour re	eport New rep	oort Amends repor		Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo Ite		Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE	E		01 12 Amount	2016
	City	Ctoto	Zin Code		945-20
	City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20066 Date of Disbursement or Oblig	845.20
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		2016
	Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
	HILLARY RODHAM CLINTON		X Oppose		tate: <u>WV</u>
	Calendar Year-To-Date Per Election for Office Sought		845.20	Disbursement For: Primary 2016 Other (specify) ▶	X General
	Full Name of Payee	CORP	🗌 Memo Iter		semination 2016
Mailing Address 325 SPRINGSIDE DRIVE		E		01 12 Amount	2016
	City	State	Zip Code		2520.58
	AKRON	ОН	44333	Transaction ID : SE.20067 Date of Disbursement or Obli	gation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	01 / 29 / Y	2016 Y
	Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate S	tate:
	Calendar Year-To-Date Per Election for Office Sought		2520.58	Disbursement For: Primary 2016 Other (specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	3365.78
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016	Y
	Signature				

116	MIZED INDEPENDENT EXPEND	TURES			PAGE 8 FOR LIN	38 OF 139 E 24 OF FORM 3X
					FEC IDENTIFICA	TION NUMBER V
I	EA PARTY MAJORITY FUNE)			C C0056617	4
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo		M = M / D = D	/ Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	of Public Distributi	/ Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	01 12 unt	2016
	City	State	Zip Code			248.99
	AKRON	OH	44333		action ID : SE.200 of Disbursement of	58
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / D D 29	2016
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent Senate	
	Calendar Year-To-Date Per Election for Office Sought		248.99	Disburseme	nt For: Prim Other (specify) ► _	ary 🗙 General
	Full Name of Payee	r corp	🗌 Memo Ite	Date	of Public Distribut	ion/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo		2016
	City	State	Zip Code			294.65
	AKRON	ОН	44333		action ID : SE.200 of Disbursement of	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		01 / ^D 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent Senate	State:
	Calendar Year-To-Date Per Election for Office Sought		294.65	Disburseme 2016	ent For: Prim Other (specify) ▶ _	ary 🗙 General
	(a) SUBTOTAL of Itemized Independent E	xpenditures				543.64
	(b) SUBTOTAL of Unitemized Independen	t Expenditures				
	(c) TOTAL Independent Expenditures			•		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /		2016
	Signature					

116	MIZED INDEPENDENT EXPENDI	IURES			PAGE 89 OF FOR LINE 24 OF F	139 ORM 3X
					FEC IDENTIFICATION NUM	IBER 🔻
I	EA PARTY MAJORITY FUND				C C00566174	
Ch	eck if 24-hour report 48-hour re	port New rep	port Amends repo		M / D D / Y Y	Y Y
	Full Name of Payee INFOCISION MANAGEMENT CC)RP	Memo Ite	M	f Public Distribution/Dissemi	YY
	Mailing Address 325 SPRINGSIDE DRIVE			Amour		16
	City	State	Zip Code		176	3.51
	City AKRON	OH	44333		tion ID : SE.20070 f Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М	- M / D D / Y Y	16 16
	Name of Federal Candidate		Support	Office Sought	: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Preside		
	Calendar Year-To-Date Per Election for Office Sought		3876.04	Disbursement 2016 Ot	For: Primary X her (specify) ►	General
	Full Name of Payee INFOCISION MANAGEMENT	CORP	Memo Ite	Date c		Y Y
	Mailing Address 325 SPRINGSIDE DRIVE			Amour		016
	City	State	Zip Code		25	6.34
	AKRON	OH	44333		ction ID : SE.20071 of Disbursement or Obligatio	n
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004			016
	Name of Federal Candidate		Support	Office Sought	:: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt Senate State:	AK
	Calendar Year-To-Date Per Election for Office Sought		563.41	Disbursement 2016	: For: Primary X her (specify) ►	General
	(a) SUBTOTAL of Itemized Independent Ex	penditures			2019	.85
	(b) SUBTOTAL of Unitemized Independent	Expenditures				
					-77	
	(c) TOTAL Independent Expenditures					
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorized				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 /	15 / Y Y Y Y 15 2016	
	Signature					

116	MIZED INDEPENDENT EXPEND	IIURES			PA0 FO	GE 90 OF R LINE 24 OF F	139 ORM 3X
					FEC IDEN	TIFICATION NUM	BER 🔻
I	EA PARTY MAJORITY FUNI	J			C C00	566174	
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo		M M / C	D D / Y Y	Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo Ite	em Date	M M / E	stribution/Dissemi	Y Y
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 unt	12 20	16
	City	State	Zip Code				0.52
	City AKRON	OH	44333		action ID : S of Disburser		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004				Y Y
	Name of Federal Candidate		Support	Office Soug	ht: H	House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent S	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought		5122.28	Disburseme	nt For:		General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	Memo Ite	m Date	M M / I		YY
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 unt	12 20	16
	City	State	Zip Code			106	8.73
	AKRON	ОН	44333		action ID : S of Disburse	E.20073 ment or Obligation	ה
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [02 /		D16
	Name of Federal Candidate		Support	Office Soug	ıht: H	House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent S	Senate State:	AR
	Calendar Year-To-Date Per Election for Office Sought		2348.98	Disburseme	nt For:		General
	(a) SUBTOTAL of Itemized Independent E	Expenditures				3399	.25
	(b) SUBTOTAL of Uniterpized Independent	t Evpondituroo					
	(b) SUBTOTAL of Unitemized Independen	it Experiorates		•	- J		
	(c) TOTAL Independent Expenditures				7		-
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 /	Y Y Y Y 2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	ITURES				PAGE 91 FOR LINE 2	OF 139 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I		ON NUMBER V
Т	EA PARTY MAJORITY FUNI)			С	C00566174	
Ch	eck if24-hour report48-hour r	report New re	eport Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y
	Full Name of Payee		Memo It	em Da	ate of Publ	ic Distribution/	Dissemination
	INFOCISION MANAGEMENT C	ORP			01	/ D D / 12	2016 Y
	Mailing Address 325 SPRINGSIDE DRIV	Έ		Ar	nount		
	City	State	Zip Code	- F			13635.59
	AKRON	OH	44333			D:SE.20074 ursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	/ <u>D</u> D / 23	2016
	Name of Federal Candidate		Support	Office So	ught:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident	Senate	State: CA
	Calendar Year-To-Date Per Election for Office Sought		29969.82	Disburser 2016	7	Primary	K General
	Full Name of Payee						Dissemination
	INFOCISION MANAGEMENT CORP					/ D D / 12	Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIV	/E		Ar	01 mount	12	2010
	City	State	Zip Code				1864.80
	AKRON	ОН	44333			D:SE.20075 oursement or (
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02		Y Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose		esident	Senate	State: CO
	Calendar Year-To-Date Per Election for Office Sought		4098.66	Disburser 2016	ment For:	Primary	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•		1 1 1	15500.39
	(b) SUBTOTAL of Uniternized Independer	It Expenditures		• •			
	(c) TOTAL Independent Expenditures			•			
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	onically Filed] Date	04	/ D D 15	/ Y Y 201	6 6
	Signature					-	

116	INDEPENDENT EXPEND	NIURES				PAGE 92	OF 139 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC I		
Т	EA PARTY MAJORITY FUN	D			1000		
					С	C00566174	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	M M	/ D D /	Y Y Y Y Y
	Full Name of Payee		Memo It	em Date	e of Publ	ic Distributior	n/Dissemination
	INFOCISION MANAGEMENT C	ORP			^M 01	/ D D / 12	2016
	Mailing Address 325 SPRINGSIDE DRIV	νE		Ame	ount		
	City	State	Zip Code				1332.56
	AKRON	ОН	44333			D:SE.20076 pursement or	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ 23	^Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	- L	Senate	State:CT
	Calendar Year-To-Date Per Election for Office Sought		2928.85	Disbursem 2016		Primar pecify) ►	y 🗙 General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP						n/Dissemination
							Y Y Y Y
	Mailing Address				01	12	2016
	325 SPRINGSIDE DRIV	/E		Am	ount		
	City	State	Zip Code				337.04
	AKRON	ОН	44333			D: SE.20077	
	Purpose of Expenditure		Category/		M M	/ D D /	Y Y Y Y
	VOTER CONTACT CALLS		Type 004		02	23	2016
	Name of Federal Candidate		Support	Office Sou	ght:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State:DE
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	740.78	Disbursem 2016		Primar	y 🗙 General
	(a) SUBTOTAL of Itemized Independent	Expenditures		•	-7		1669.60
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures		• •			
	(c) TOTAL Independent Expenditures						
					-7	-7	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorize					
	SCOTT B MACKENZIE	[F]estro	nically Filed]		/ D D		10
	Signature		Date	04	15	20	10

116	MIZED INDEPENDENT EXPEND	IURES			PAGE 93 OF 139 FOR LINE 24 OF FORM	
					FEC IDENTIFICATION NUMBER	▼
I	EA PARTY MAJORITY FUNE)			C C00566174	
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		M M / D D / Y Y Y Y	Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo It	em Date	e of Public Distribution/Dissemination	ר Y
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	01 12 2016	
	City	State	Zip Code		7227.11	
	AKRON	OH	44333		saction ID : SE.20078 e of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y 02 / 23 / 2016	Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00)
	HILLARY RODHAM CLINTON		X Oppose	X Presid		
	Calendar Year-To-Date Per Election for Office Sought		15884.55	Disburseme 2016	ent For: Primary X Gene Other (specify) ►	eral
	Full Name of Payee	CORP	🗌 Memo Ite	m Date	e of Public Distribution/Dissemination	
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo		
	City	State	Zip Code		3514.62	
	AKRON	ОН	44333		saction ID : SE.20079 e of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y 2016	Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00	00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ident Senate State: GA	۹
	Calendar Year-To-Date Per Election for Office Sought		7724.82	Disburseme 2016	ent For: Primary	eral
	(a) SUBTOTAL of Itemized Independent E	xpenditures			10741.73	
	(b) SUBTOTAL of Unitemized Independent	t Expenditures				-
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	/ D D / Y Y Y Y Y 15 2016	
	Signature					

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 94 OF 139 FOR LINE 24 OF FORM 3X
				FE	C IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND)		C	C 00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	oort Amends repo	rt filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	Memo Ite	M	
	Mailing Address 325 SPRINGSIDE DRIVE	E		01 Amount	12 2016
	City AKRON	State OH	Zip Code 44333		513.57 n ID : SE.20080 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		-
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: HI
	Calendar Year-To-Date Per Election for Office Sought		1128.66	Disbursement Fo	or: Primary
	Full Name of Payee	CORP	🗌 Memo Ite	M	
Mailing Address 325 SPRINGSIDE DRIVE		E		01 Amount	12 2016
	City	State	Zip Code		555.05
	AKRON	ОН	44333		on ID : SE.20081 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 02	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: ID
	Calendar Year-To-Date Per Election for Office Sought		1219.95	Disbursement Fo	or: Primary X General r (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	1068.62
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
	SCOTT B MACKENZIE	[Electron	ically Filed] Date		15 2016
	Signature				

	EMIZED INDEPENDENT EXPEND	IIURES				PAGE 95	OF 139 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I		
Т	EA PARTY MAJORITY FUN	D			С	C00566174	
						000000174	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M M	/ D D /	Y Y Y Y Y
			Memo I	tem D	ate of Publ	lic Distribution	/Dissemination
	INFOCISION MANAGEMENT C	, ORP			01	/ D D / 12	2016
	Mailing Address 325 SPRINGSIDE DRIV	/E		A	mount		
	City	State	Zip Code				4688.08
	AKRON	ОН	44333			D:SE.20082	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	23	2016 Y
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pr	esident	Senate	State:IL
	Calendar Year-To-Date Per Election for Office Sought		10303.98	Disburse 2016	ement For:	Primar pecify) ►	y 🗙 General
	Full Name of Payee						n/Dissemination
	INFOCISION MANAGEMENT CORP				M M	/ D D /	YYYYY
	Mailing Address				01	12	2016
	325 SPRINGSIDE DRIV	/E		A	mount		
	City	State	Zip Code	— I			2360.23
	AKRON	ОН	44333			ID: SE.20083 oursement or	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/		M M	/ D D /	Y Y Y Y
			Type 004		02	23	2016
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pr	resident	Senate	State: <u>IN</u>
	Calendar Year-To-Date Per Election for Office Sought		5187.58	Disburse 2016	ement For:	Primar	y 🗙 General
					Other (s	specify) ►	
	(a) SUBTOTAL of Itemized Independent I	Expenditures		•••			7048.31
	(b) SUBTOTAL of Uniternized Independent	nt Expenditures					
	(c) TOTAL Independent Expenditures						
				·· •		7-	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	Florten	nically Filed]		/ 15		Y Y
	Signature		Date	ə 04	15	20	

116	MIZED INDEPENDENT EXPEND	ITURES				GE 96 R LINE 24 C	OF 139 OF FORM 3X
					FEC IDEN	TIFICATION	NUMBER 🔻
I	EA PARTY MAJORITY FUNI	J			C C00	566174	
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo	ort filed on	M M / E	D / Y	Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M / I	stribution/Dise	Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amc	01 Dunt	12	2016
	City	State	Zip Code				1121.72
	AKRON	OH	44333		action ID : S	E.20084 ment or Oblig	1 10 1
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004				2016 Y
	Name of Federal Candidate		Support	Office Sou	ght:	House Dist	rict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	7	ate: <u>IA</u>
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	2465.44	Disburseme	ent For:		X General
	Full Name of Payee	Г CORP	🗌 Memo Ite	m Date		istribution/Dis	semination 2016
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	Li_ L		
	City	State	Zip Code				1030.26
	AKRON	ОН	44333		saction ID : S	E.20085 ment or Oblig	gation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 /	23 / Y	2016 Y
	Name of Federal Candidate		Support	Office Sou	ght:	House Dist	trict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident S	Senate St	tate: KS
	Calendar Year-To-Date Per Election for Office Sought		2264.42	Disburseme 2016	ent For:] Primary fy) ▶	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					2151.98
	(b) SUBTOTAL of Unitemized Independen	it Expenditures					
					-7-	-7-	
	(c) TOTAL Independent Expenditures						
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	mically Filed] Date	04	/ D_D / 15	y y y 2016	Y
	Signature						

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 97 OF 139 FOR LINE 24 OF FORM 3X					
				FEC ID	DENTIFICATION NUMBER V					
I	EA PARTY MAJORITY FUND)		C	C00566174					
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends report	rt filed on						
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	🗌 Memo Ite	M M /	Distribution/Dissemination					
	Mailing Address 325 SPRINGSIDE DRIV	E		01 Amount	12 2016					
	City AKRON	State OH	Zip Code 44333	Transaction ID						
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		Ursement or Obligation					
	Name of Federal Candidate		Support	Office Sought:	House District: 00					
	HILLARY RODHAM CLINTON		X Oppose	President	Senate State: KY					
	Calendar Year-To-Date Per Election for Office Sought		3530.99	Disbursement For: 2016 Other (sp	Primary X General					
	Full Name of Payee	CORP	🗌 Memo Iter		c Distribution/Dissemination					
	Mailing Address 325 SPRINGSIDE DRIVI	E		Amount						
	City	State	Zip Code		1658.46					
	AKRON	ОН	44333	Transaction ID Date of Disbu	D: SE.20087 ursement or Obligation					
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	02	23 / Y Y Y Y 2016					
	Name of Federal Candidate		Support	Office Sought:	House District: 00					
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: LA					
	Calendar Year-To-Date Per Election for Office Sought		3645.14	Disbursement For: 2016 Other (sp	Primary X General Decify) ►					
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	3264.98					
	(b) SUBTOTAL of Unitemized Independent	Expenditures		►	· · · · · · · · ·					
	(c) TOTAL Independent Expenditures			•						
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized								
	SCOTT B MACKENZIE	[Electron	nically Filed]	04 / D D	2016					
	[Electronically Filed] Date 04 15 2016 Signature Date <									

116	MIZED INDEPENDENT EXPEND	ITURES				PAGE 98 FOR LINE 24	OF 139 4 OF FORM 3X		
					FEC I	DENTIFICATIO	N NUMBER 🔻		
I	EA PARTY MAJORITY FUNE)			С	C00566174			
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed on	M		Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo It	em D	M M	ic Distribution/I	YYYYY		
	Mailing Address 325 SPRINGSIDE DRIV	E		A	01 mount	12	2016		
	City	State	Zip Code	IT			508.08		
	AKRON	OH	44333			D : SE.20088 ursement or O			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ 23	2016		
	Name of Federal Candidate		Support	Office So	ought:	House [District: 00		
	HILLARY RODHAM CLINTON		X Oppose		esident	Senate	State: ME		
	Calendar Year-To-Date Per Election for Office Sought		1116.72	Disburse 2016	ment For: Other (s	Primary pecify) ►	K General		
	Full Name of Payee	Г CORP	🗌 Memo Ite	em D	M M	ic Distribution/	Y Y Y Y		
	Mailing Address 325 SPRINGSIDE DRIV	E		A	01 mount	12	2016		
	City	State	Zip Code	F			2150.25		
	AKRON	ОН	44333			D:SE.20089 oursement or C	Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	/ D_D /	2016		
	Name of Federal Candidate		Support	Office Se	ought:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pr	esident	Senate	State: <u>MD</u>		
	Calendar Year-To-Date Per Election for Office Sought		4726.06	Disburse 2016	ement For:	Primary pecify) ►	K General		
	(a) SUBTOTAL of Itemized Independent E	xpenditures					2658.33		
	(b) SUBTOTAL of Unitemized Independen	t Expenditures		F					
		•			-7				
	(c) TOTAL Independent Expenditures								
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro	nically Filed]	04	/ 15	/ 2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	ITURES			PA0 FO	GE 99 OI R LINE 24 OF			
					FEC IDEN	TIFICATION N	UMBER 🔻		
I	EA PARTY MAJORITY FUNE)			C C00	566174			
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo		и м / с	D D / Y	Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M / E		Y Y Y		
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou	01 unt	12	2016		
	City	State	Zip Code		2486.51				
	AKRON	OH	44333		action ID : S of Disburser				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004			D D / Y	2016 Y		
	Name of Federal Candidate		Support	Office Soug	ht: H	House Distric	ot: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent S	Senate Stat	-		
	Calendar Year-To-Date Per Election for Office Sought		5465.13	Disbursemer 2016	nt For:	Primary ≥	General		
	Full Name of Payee	CORP	🗌 Memo Ite	Date		stribution/Disse	mination 2016		
	Mailing Address 325 SPRINGSIDE DRIV	E	Amo				2010		
	City	State	Zip Code			3	636.98		
	AKRON	OH	44333		action ID : S of Disburse	E.20091 ment or Obliga	tion		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [02	23 / Y	2016 Y		
	Name of Federal Candidate		Support	Office Soug	ht: H	House Distri	ct: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent S	Senate Stat	e: <u>MI</u>		
	Calendar Year-To-Date Per Election for Office Sought	7 7	7993.76	Disburseme 2016	nt For:	Primary y) ►	General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures				61	23.49		
	(b) SUBTOTAL of Unitemized Independen	t Expenditures							
					-7-	-7-	-		
	(c) TOTAL Independent Expenditures			•					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	M / 04	15 /	2016	7		
	Signature Date 04 15 2016								

IIE	MIZED INDEPENDENT EXPEND	ITURES				PAGE 100 OF 139 FOR LINE 24 OF FORM 3X			
NAM	ME OF COMMITTEE (In Full)				FFC I	DENTIFICATION NUMBER V			
TE	EA PARTY MAJORITY FUN	D				C00566174			
					С	00000174			
Che	ck if 24-hour report 48-hour	report New rep	oort Amends repo	ort filed on	M = M				
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M	ic Distribution/Dissemination			
	Mailing Address				01 12 2016				
	325 SPRINGSIDE DRIV	/E		Amo	ount				
	City	State	Zip Code			1951.46			
	AKRON	ОН	44333			D : SE.20092 Sursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ D D / Y Y Y Y 23 / 2016			
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident	Senate State: <u>MN</u>			
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	4289.14	Disburseme 2016	oursement For: Primary X 6 Other (specify) ►				
Ē	Full Name of Payee		🗌 Memo Ite	em Date	e of Publ	lic Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIVE					/ D D / Y Y Y Y 12 2016			
ŀ						12 2010			
					ount				
	City	State	Zip Code			1069.10			
	AKRON	ОН	44333			D: SE.20093 pursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ D D / Y Y Y Y 23 2016			
	Name of Federal Candidate		Support	Office Sou	aht:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose		ident	Senate State: MS			
	Calendar Year-To-Date Per Election for Office Sought		2349.79	Disbursem 2016		Primary X General			
					Other (s	specify) ►			
(a) SUBTOTAL of Itemized Independent	Expenditures		•	-7-	3020.56			
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		• •	-				
(c) TOTAL Independent Expenditures			•					
v	Inder penalty of perjury I certify that the vith, or at the request or suggestion of, a arty committee) any political party comm	iny candidate or authorized							
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ 15	2016			
	Signature								

116	MIZED INDEPENDENT EXPENDIT	URES			PAGE 101 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report 48-hour rep	ort New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	Memo I	tem Da	ate of Public Distribution/Dissemination
	Mailing Address				01 12 2016
	325 SPRINGSIDE DRIVE			Am	nount
	City	State	Zip Code		2206.34
	AKRON	OH	44333		nsaction ID : SE.20094 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / D D / Y Y Y Y 23 / 2016
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought		4849.34	Disbursen 2016	ment For: Primary X General
	Full Name of Payee Image: Memo Item INFOCISION MANAGEMENT CORP			em Da	ate of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE				An	nount
	City	State	Zip Code		372.24
	AKRON	ОН	44333		nsaction ID : SE.20095 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / 23 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought		818.15	Disbursen 2016	ment For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Exp	penditures			2578.58
	(b) SUBTOTAL of Unitemized Independent I	Expenditures		- • F	
					4 4 4
	(c) TOTAL Independent Expenditures			·· •	<u> </u>
,	Under penalty of perjury I certify that the inv with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	- 04	/ D D / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES			FOR LINE 24	OF 139 OF FORM 3X			
					FEC IDENTIFICATIO				
I	EA PARTY MAJORITY FUNI	J			C C00566174				
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	rt filed on	M = M / D = D /	Y Y Y Y Y			
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	e of Public Distribution/D	YYYYY			
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 12	2016			
	0.1	01-11-	7. 0. 1.						
	City AKRON	State OH	Zip Code 44333		action ID : SE.20096 of Disbursement or Ob	663.34			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 02 / D D / 23 /	2016			
	Name of Federal Candidate		Support	Office Soug	ght: House D	istrict: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate	State: <u>NE</u>			
	Calendar Year-To-Date Per Election for Office Sought		1457.97	Disburseme 2016	ent For: Primary Other (specify)	K General			
	Full Name of Payee	T CORP	🗌 Memo Ite	m Date	e of Public Distribution/D	Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 12	2010			
	City	State	Zip Code			988.15			
	AKRON	ОН	44333		saction ID : SE.20097 e of Disbursement or Ob	bligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / D D / 23	2016			
	Name of Federal Candidate		Support	Office Sou	ght: House D	District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident Senate	State: <u>NV</u>			
	Calendar Year-To-Date Per Election for Office Sought		2171.86	Disburseme 2016	ent For: Primary Other (specify)	X General			
	(a) SUBTOTAL of Itemized Independent E	Expenditures				1651.49			
	(b) SUBTOTAL of Unitemized Independen	it Expenditures		• •					
	(c) TOTAL Independent Expenditures					1 /01			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro.	nically Filed] Date	04	15 2016				
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IURES				E 103 OF 139 LINE 24 OF FORM 3X			
					FEC IDENTI	FICATION NUMBER V			
I	EA PARTY MAJORITY FUNE)			C C0056	66174			
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	rt filed on	M = M / D	D / Y Y Y Y Y			
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Ite	em Date	M M / D	ribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	E		Amc		2016			
	City	State	Zip Code		498.12				
	AKRON	OH	44333		action ID : SE.				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D	23 ⁷ 2016			
	Name of Federal Candidate		Support	Office Sou	ght: Ho	use District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Se	nate State: <u>NH</u>			
	Calendar Year-To-Date Per Election for Office Sought		1094.83	Disburseme	ent For:	Primary X General			
	Full Name of Payee	CORP	🗌 Memo Ite	m Date	M M / D	ribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo		2010			
	City	State	Zip Code			3252.17			
	AKRON	ОН	44333		saction ID : SE	.20099 ent or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / 2	23 / Y Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Sou	ght: Ho	ouse District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident Se	nate State: <u>NJ</u>			
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	7147.99	Disburseme 2016	ent For:	Primary X General			
	(a) SUBTOTAL of Itemized Independent E	xpenditures				3750.29			
	(b) SUBTOTAL of Unitemized Independen	t Expenditures							
					-7-	4			
	(c) TOTAL Independent Expenditures			•	7 1				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro:	nically Filed] Date	04	15 [/]	2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 104 FOR LINE 24	OF 139 OF FORM 3X		
					FEC ID	ENTIFICATIO	N NUMBER 🔻		
I	EA PARTY MAJORITY FUNI	J			Cc	00566174			
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M M /	D D /	Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Dat	M M /	Distribution/E	YYYYY		
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Am	01 ount	12	2016		
	City	State	Zip Code		740.92				
	City AKRON	OH	44333			: SE.20100 rsement or Ol	749.82		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	D D / 23	2016 Y		
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: <u>NM</u>		
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	1648.03	Disbursem 2016	ent For: Other (spe	Primary ecify) ►	K General		
	Full Name of Payee	T CORP	🗌 Memo Ite	m Dat	e of Public	Distribution/I	Dissemination		
	Mailing Address 325 SPRINGSIDE DRIV	Έ	An				2010		
	City	State	Zip Code				7282.80		
	AKRON	ОН	44333			: SE.20101 rsement or O	bligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 /	23	y y y y 2016		
	Name of Federal Candidate		Support	Office Sou	ight:	House [District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate	State: <u>NY</u>		
	Calendar Year-To-Date Per Election for Office Sought		16006.95	Disbursem 2016	ent For: Other (spe	Primary ecify) ►	X General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures					8032.62		
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures							
					-7-				
	(c) TOTAL Independent Expenditures			•	-7				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	/ 15	/ Y Y 2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 105 OF FOR LINE 24 OF FO	139 DRM 3X		
					FEC I	DENTIFICATION NUM	BER 🔻		
I	EA PARTY MAJORITY FUNI	J			С	C00566174			
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M		YY		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M	ic Distribution/Dissemir	YY		
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 ount	12 20			
	City	State	Zip Code		3535.47				
	AKRON	OH	44333			D : SE.20102 ursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ D D / Y Y 23 / 20	16 Y		
	Name of Federal Candidate		Support	Office Sou	ght:	House District:	00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		7770.65	Disbursem 2016	ent For: Other (sj		General		
	Full Name of Payee	T CORP	🗌 Memo Ite	m Dat	e of Publ		nation 16		
	Mailing Address 325 SPRINGSIDE DRIV	Έ	Amo						
	City	State	Zip Code			25	5.62		
	AKRON	ОН	44333			D: SE.20103 oursement or Obligatior	1		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02)16		
	Name of Federal Candidate		Support	Office Sou	ght:	House District:	00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate State:	ND		
	Calendar Year-To-Date Per Election for Office Sought		561.83	Disbursem 2016		Primary X	General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures		•		3791	.09		
	(b) SUBTOTAL of Unitemized Independer	t Expenditures		• •					
	(c) TOTAL Independent Expenditures			•					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized							
	SCOTT B MACKENZIE	[Electroi	nically Filed]	04	/ 15	2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE FOR LIN	106 OF 139 IE 24 OF FORM 3X			
					FEC IDENTIFIC	ATION NUMBER V			
I	EA PARTY MAJORITY FUNI	J			C C0056617	74			
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo						
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo Ita	em Date	M M / D D	tion/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amou	01 12 unt	2016			
		Ctoto	Zin Code		1017.00				
	City AKRON	State OH	Zip Code 44333		action ID : SE.201 of Disbursement				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / D D 23	/ Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presic	lent Senate				
	Calendar Year-To-Date Per Election for Office Sought		9334.58	Disbursemer 2016	nt For: Prim	nary 🗙 General			
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	Memo Ite	Date	of Public Distribu	tion/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	/E	Amo			2016			
	City	State	Zip Code			1369.96			
	AKRON	ОН	44333		action ID : SE.201 of Disbursement				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 02 / D D 23	/ Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Soug	ht: House	e District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent Senate	e State: OK			
	Calendar Year-To-Date Per Election for Office Sought		3011.06	Disburseme 2016	nt For: Prin Other (specify) ►	nary 🗙 General			
	(a) SUBTOTAL of Itemized Independent E	Expenditures				5616.98			
	(b) SUBTOTAL of Unitemized Independen	it Expenditures		•		PII (P II			
	(c) TOTAL Independent Expenditures								
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	M M /	D D / Y	2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IIURES				PAGE 107 FOR LINE 24	OF 139 OF FORM 3X		
					FEC II	DENTIFICATIO	N NUMBER 🔻		
I	EA PARTY MAJORITY FUNI	J			С	C00566174			
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M	/ D D /	Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em Dat	M M	c Distribution/C	YYYYY		
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	01 ount	12	2016		
	City	State	Zip Code		1443.25				
	AKRON	OH	44333			D:SE.20106 ursement or Ot			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ D D / 23	2016		
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: OR		
	Calendar Year-To-Date Per Election for Office Sought		3172.13	Disbursem 2016	ent For: Other (sp	Primary Decify) ►	X General		
	Full Name of Payee	T CORP	🗌 Memo Ite	m Dat	e of Publi	ic Distribution/E	Dissemination		
	Mailing Address 325 SPRINGSIDE DRIV	/E	Amo			12	2010		
	City	State	Zip Code				4789.12		
	AKRON	ОН	44333			D : SE.20107 ursement or O	bligation		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	/ 23 /	Y Y Y Y 2016		
	Name of Federal Candidate		Support	Office Sou	ight:	House D	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate	State: PA		
	Calendar Year-To-Date Per Election for Office Sought		10526.06	Disbursem 2016	ent For: Other (s	Primary pecify) ►	X General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures					6232.37		
	(b) SUBTOTAL of Unitemized Independen	nt Expanditures			-7-				
					-7-				
	(c) TOTAL Independent Expenditures			•			-		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	/ 15	/ Y Y 2016			
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPEND	IIURES				GE 108 O R LINE 24 OF			
					FEC IDENT	TIFICATION N	UMBER 🔻		
I	EA PARTY MAJORITY FUNI	J			C C005	566174			
Ch	eck if 24-hour report 48-hour re	report New rep	port Amends repo		M M / D	D / Y	Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	M M / D		Y Y Y		
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amo	01 unt	12	2016		
	City	State	Zip Code				399.07		
	AKRON	OH	44333		action ID : SI of Disbursen				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004				2016 Y		
	Name of Federal Candidate		Support	Office Soug	ht: H	louse Distri	ct:00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid		enate Stat	-		
	Calendar Year-To-Date Per Election for Office Sought		877.12	Disburseme	nt For:		General		
	Full Name of Payee	T CORP	🗌 Memo Ite	m Date	M M / C		Y Y Y		
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 unt	12	2016		
	City	State	Zip Code			1	726.60		
	AKRON	ОН	44333		action ID : S of Disburser	E.20109 nent or Obliga	tion		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [02 /	23 / Y	2016 Y		
	Name of Federal Candidate		Support	Office Soug	ıht: H	louse Distri	ct:00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent S	Senate Sta	_		
	Calendar Year-To-Date Per Election for Office Sought		3794.92	Disburseme	ent For:	Primary y) ►	K General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures				21	25.67		
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures							
					-7-	7			
	(c) TOTAL Independent Expenditures			•	-7		-		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize							
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 /	15 /	2016	Y		
	Signature Date 04 15 2016								

116	MIZED INDEPENDENT EXPENDI	TURES			E 109 OF 139 LINE 24 OF FORM 3X
				FEC IDENT	IFICATION NUMBER V
I	EA PARTY MAJORITY FUND)		C C005	66174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo Ite		tribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVI	E		01 Amount	12 2016
	City	State	Zip Code		297.91
	AKRON	OH	44333	Transaction ID : SE Date of Disbursem	.20110
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		23 ⁷ 2016
	Name of Federal Candidate		Support	Office Sought:	ouse District: 00
	HILLARY RODHAM CLINTON		X Oppose		enate State: <u>SD</u>
	Calendar Year-To-Date Per Election for Office Sought		654.78	Disbursement For: 2016 Other (specify)	Primary X General
	Full Name of Payee	CORP	🗌 Memo Iter	Date of Fublic Dis	tribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVI	E			12 2016
	City	State	Zip Code		2356.35
	AKRON	ОН	44333	Transaction ID : SE Date of Disbursem	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M M / D	23 ^D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought:	ouse District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Se	enate State: TN
	Calendar Year-To-Date Per Election for Office Sought		5179.04	2016 Other (specify	Primary X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	2654.26
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		•	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	ny candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / D / 15	2016
	Signature				

ITE	EMIZED INDEPENDENT EXPENDIT	URES				PAGE 110 FOR LINE 24	OF 139 OF FORM 3X
					FEC II	DENTIFICATION	I NUMBER 🔻
I	EA PARTY MAJORITY FUND				С	C00566174	
Ch	neck if 24-hour report 48-hour rep	port New rep	port Amends repo		M		Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	RP	🗌 Memo It	tem Date	of Publi	c Distribution/Di	ssemination Y Y Y Y Y 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amo	Amount		
	City	State	Zip Code				8978.74
	AKRON	ОН	44333			D:SE.20112 ursement or Ob	ligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	23	2016
	Name of Federal Candidate		Support	Office Soug	ht:	House Di	strict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent	Senate	State: TX
	Calendar Year-To-Date Per Election for Office Sought		19734.47	Disburseme		Primary	X General
	Full Name of Payee Image: Memo Item INFOCISION MANAGEMENT CORP			em Date	of Publi	ic Distribution/D	issemination
				- I I	^M 01	/ D D / 12	2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amo	ount		
	City	State	Zip Code				929.31
	AKRON	ОН	44333			D : SE.20114 ursement or Ob	ligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 02	/ D_D /	2016 Y
	Name of Federal Candidate		Support	Office Soug	pht:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	Senate	State: UT
	Calendar Year-To-Date Per Election for Office Sought		2042.54	Disburseme 2016		Primary pecify) ►	X General
	(a) SUBTOTAL of Itemized Independent Exp	penditures		• •			9908.05
	(b) SUBTOTAL of Unitemized Independent I	Expenditures		•• []			
	(c) TOTAL Independent Expenditures			••			
	Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize					
	SCOTT B MACKENZIE	[Electron	nically Filed]	04 /	15	/ 2016	Y
	Signature		Date				

ITE	MIZED INDEPENDENT EXPEND	ITURES			PAGE FOR L	111 OF 139 INE 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)				I	CATION NUMBER V		
Т	EA PARTY MAJORITY FUN	D			C C00566	174		
Ch	eck if 24-hour report 48-hour r	report New rep	ort Amends repo	ort filed on				
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	tem D	ate of Public Distrib			
					01 / 12	2016		
	Mailing Address 325 SPRINGSIDE DRI	/E		A	mount			
	City	State	Zip Code			240.09		
	AKRON	OH	44333		insaction ID : SE.20 ate of Disbursemen			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / 23	D / Y Y Y Y		
	Name of Federal Candidate		Support	Office S	ought: Hous	se District: 00		
	HILLARY RODHAM CLINTON			X Pr	esident Sena	ate State: VT		
	Calendar Year-To-Date		527.70	Disburse 2016	ment For: Pri	imary 🛛 🗙 General		
	Full Name of Payee Image: Memo Item INFOCISION MANAGEMENT CORP			2010	Other (specify) ►			
				em C		oution/Dissemination		
					01 / D			
	Mailing Address 325 SPRINGSIDE DRIVE				mount			
	City	State	Zip Code			2995.35		
	AKRON	OH	44333		ansaction ID : SE.20 ate of Disbursemen			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02 / D23	D / Y Y Y Y		
	Name of Federal Candidate		Support	Office S	ought: Hous	se District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Pr	esident Sena	ate State: VA		
	Calendar Year-To-Date		6583.51	Disburse 2016	ement For: Pr	rimary 🗙 General		
	Per Election for Office Sought				Other (specify)			
	(a) SUBTOTAL of Itemized Independent I	Expenditures				3235.44		
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures		• •	· · · · · ·	· · · · · ·		
1	(c) TOTAL Independent Expenditures			·· •				
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized						
	SCOTT B MACKENZIE	[Electron	ically Filed]	04	/ D D / Y	2016		
	Signature		Date	9 04		2016		

116	MIZED INDEPENDENT EXPENDI	IURES			FOR LINE 24 OF FORM 3X
				FI	EC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND)			C C00566174
Ch	eck if 24-hour report 48-hour re	port New rep	port Amends report	t filed on	M / D D / Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CC)RP	Memo Ite	M	Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE	E		0' Amount	1 12 2016
	City	State	Zip Code		2518.06
	City AKRON	OH	44333		on ID : SE.20117 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 02	M / D D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		Oppose	X President	
	Calendar Year-To-Date Per Election for Office Sought		5534.48	Disbursement F 2016 Othe	For: Primary X General
	Full Name of Payee	CORP	Memo Iter	M	
	Mailing Address 325 SPRINGSIDE DRIVE	E			1 12 2016
	City	State	Zip Code		705.56
	AKRON	ОН	44333		ion ID : SE.20118 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	0.	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	t Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought		1550.76	Disbursement F 2016 Oth	For: Primary X General er (specify) ►
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•	3223.62
	(b) SUBTOTAL of Unitemized Independent	Expenditures			
	(c) TOTAL Independent Expenditures			•	175 I I 175 I I 175 I
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorized			
	SCOTT B MACKENZIE	[Electror	nically Filed] Date	04 / E	15 / 2016
	Signature				

ITE	MIZED INDEPENDENT EXPEND	ITURES				PAGE 113 OF 139 FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER
Т	EA PARTY MAJORITY FUN	D			С	C00566174
						00000174
Ch	eck if 24-hour report 48-hour r	report New rep	ort Amends repo	ort filed on	M = M	
	Full Name of Payee INFOCISION MANAGEMENT C	·OPD	Memo It	em Dat	e of Publ	lic Distribution/Dissemination
					^M 01	/ D D / Y Y Y Y 12 2016
	Mailing Address 325 SPRINGSIDE DRI	/E		Am	ount	
	City	State	Zip Code			2104.14
	AKRON	ОН	44333			D: SE.20119 pursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		02	/ D_D_ / Y_YYY 23 / 2016
	Name of Federal Candidate		Support	Office Sou	ight:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	- L	Senate State: WI
	Calendar Year-To-Date Per Election for Office Sought		4624.72	Disbursem 2016		Primary X General
	Full Name of Payee Memo Item INFOCISION MANAGEMENT CORP					lic Distribution/Dissemination
					M M	/ D D / Y Y Y
	Mailing Address 325 SPRINGSIDE DRIN				01	12 2016
	325 SPRINGSIDE DRIV	/E		Am	ount	
	City	State	Zip Code	— F		207.85
	AKRON	OH	44333			D: SE.20120 Dursement or Obligation
	Purpose of Expenditure		Category/		M M	/ D D / Y Y Y Y
	VOTER CONTACT CALLS		Type 004		02	23 2016
	Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate State: WY
	Calendar Year-To-Date Per Election for Office Sought		456.84	Disbursem 2016		Primary X General
					Other (s	specify) ►
	(a) SUBTOTAL of Itemized Independent I	Expenditures		• •		2311.99
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures		• •		
	(c) TOTAL Independent Expenditures					
					-7	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed]	04	/ 15	2016
	Signature		Date			

116	MIZED INDEPENDENT EXPENDI	URES			PAGE 114 OF 139 FOR LINE 24 OF FORM 3X
				FEC ID	DENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND			C	C00566174
Ch	eck if 24-hour report 48-hour re	port New rep	port Amends repor	t filed on	
	Full Name of Payee INFOCISION MANAGEMENT CC)RP	🗌 Memo Ite	M M /	c Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			01 Amount	12 2016
	City	State	Zip Code		246.00
	City AKRON	OH	44333	Transaction ID Date of Disbu	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	02	23 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		Oppose	X President	Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought		540.65	Disbursement For: 2016 Other (sp	Primary X General
	Full Name of Payee INFOCISION MANAGEMENT	CORP	Memo Iter	n Date of Public	c Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE				12 2016
	City	State	Zip Code		1587.66
	AKRON	OH	44333	Transaction ID Date of Disbu	D: SE.20122 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03	/ ^D 29 / ^Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: AL
	Calendar Year-To-Date Per Election for Office Sought		5463.70	Disbursement For: 2016 Other (sp	Primary X General Decify) ►
	(a) SUBTOTAL of Itemized Independent Ex	penditures		•	1833.66
	(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	y candidate or authorized			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / D D	2016
	Signature				

116	MIZED INDEPENDENT EXPEND	TURES			PAGE FOR	115 OF 139 LINE 24 OF FORM 3X
					FEC IDENTIF	FICATION NUMBER V
I	EA PARTY MAJORITY FUNE)			C C00566	3174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo		M / D	D / Y Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Ite	em Date o	I M / D	bution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou		2 2016
	City	State	Zip Code			230.78
	AKRON	OH	44333		ction ID : SE.2 of Disburseme	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 [/] 2	D / Y Y Y Y
	Name of Federal Candidate		Support	Office Sough	it: Hou	use District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Sen	
	Calendar Year-To-Date Per Election for Office Sought		794.19	Disbursemen 2016	t For: P	Primary X General
	Full Name of Payee	CORP	Memo Item Date of			ibution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou	با لب	
	City	State	Zip Code			2098.13
	AKRON	ОН	44333		of Disburseme	20124 Int or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Λ	03 [/] 29	9 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sough	nt: Hou	use District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent Ser	nate State: <u>AZ</u>
	Calendar Year-To-Date Per Election for Office Sought		7220.41	Disbursemer 2016	nt For: F Other (specify)	Primary X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures				2328.91
	(b) SUBTOTAL of Unitemized Independen	t Expenditures				<u>~ 1 1 ~ 1</u>
					- 7	
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro:	nically Filed] Date	04 /	15	2016
	Signature					

116	MIZED INDEPENDENT EXPEND	IIURES				GE 116 OF 139 R LINE 24 OF FORM 3X
					FEC IDENT	TIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C005	566174
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	ort filed on	M = M / D	D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em Date	M M / D	
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amo	01	12 2016
	City	State	Zip Code			962.16
	AKRON	OH	44333		saction ID : SI	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004			29 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	louse District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		3311.14	Disburseme 2016	ent For:	Primary X General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	🗌 Memo Ite	m Date	M M / C	stribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amo	01 punt	12 2016
	City	State	Zip Code			12275.80
	AKRON	ОН	44333		saction ID : S	E.20126 ment or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	29 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	louse District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident S	Senate State: <u>CA</u>
	Calendar Year-To-Date Per Election for Office Sought		42245.62	Disbursem 2016	ent For: Other (specify	Primary X General y) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures				13237.96
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures				
					-7-	
	(c) TOTAL Independent Expenditures				-7-	
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ D D / 15	2016
	Signature					

116	MIZED INDEPENDENT EXPEND	TURES				PAGE 117 FOR LINE 24	OF 139 OF FORM 3X
					FEC ID	DENTIFICATIO	N NUMBER 🔻
I	EA PARTY MAJORITY FUNE)			C	C00566174	
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo	rt filed on	M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em Date	M M /	Distribution/E	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	E		Amc	01 Dunt	12	2016
	City	State	Zip Code				1678.85
	AKRON	OH	44333			: SE.20127 Irsement or Ot	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 03	29 /	2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	Senate	State: CO
	Calendar Year-To-Date Per Election for Office Sought		5777.51	Disburseme	ent For: Other (sp	Primary	K General
	Full Name of Payee	CORP	🗌 Memo Ite	m Date	e of Public	c Distribution/E	Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E				12	2010
	City	State	Zip Code				1199.69
	AKRON	ОН	44333			D: SE.20128 ursement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	/ D D / 29	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident	Senate	State: CT
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	4128.54	Disburseme 2016	ent For: Other (sp	Primary	X General
	(a) SUBTOTAL of Itemized Independent E	xpenditures					2878.54
	(b) SUBTOTAL of Unitemized Independen	t Expenditures					
		·			-7-	-7-	
	(c) TOTAL Independent Expenditures						
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	15	/ Y Y 2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	ITURES				PAGE 118 FOR LINE 24	OF 139 OF FORM 3X
					FEC ID	ENTIFICATION	NUMBER 🔻
I	EA PARTY MAJORITY FUNI	J			Cc	00566174	
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo	rt filed on	M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	M M /	Distribution/D	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 ount	12	2016
	City	State	Zip Code				303.43
	AKRON	OH	44333			: SE.20129 sement or Ob	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M /	29 /	2016
	Name of Federal Candidate		Support	Office Souce	ght:	House Di	strict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi		Senate	State: DE
	Calendar Year-To-Date Per Election for Office Sought		1044.21	Disburseme	ent For:	Primary	X General
	Full Name of Payee INFOCISION MANAGEMEN	Memo Ite	m Date	M M /	Distribution/D	Y Y Y Y Y	
	Mailing Address 325 SPRINGSIDE DRIV		Amo	01 Dunt	12	2016	
	City	State	Zip Code				6506.46
	AKRON	ОН	44333			: SE.20130 rsement or Ob	ligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 /	^D 29 /	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	istrict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	ident	Senate	State:
	Calendar Year-To-Date Per Election for Office Sought		22391.01	Disburseme 2016	ent For: Other (spe	Primary ecify) ►	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					6809.89
	(b) SUBTOTAL of Unitemized Independer	nt Expenditures					
		·				7>	
	(c) TOTAL Independent Expenditures			•	-7-		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	15 ¹	/ 2016	Y
	Signature						

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 119 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends report	filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	Memo Iter	
	Mailing Address 325 SPRINGSIDE DRIVI	Ξ		01122016 Amount
	City	State	Zip Code	3164.16
	City AKRON	OH	44333	Transaction ID : SE.20131 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought		10888.98	Disbursement For: Primary X General 2016 Other (specify) ▶
	Full Name of Payee	CORP	🗌 Memo Iten	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVI	Ξ		Amount
	City	State	Zip Code	462.27
	AKRON	ОН	44333	Transaction ID : SE.20132 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 03 / D D / Y Y Y Y 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: HI
	Calendar Year-To-Date Per Election for Office Sought		1590.93	Disbursement For: Primary X General 2016 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures		▶ 3626.43
	(b) SUBTOTAL of Unitemized Independent	Expenditures		
	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electror	nically Filed] Date	04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 1 FOR LIN	20 OF 139 E 24 OF FORM 3X
					FEC IDENTIFIC	ATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C0056617	'4
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		/ D D	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	of Public Distribut	/ Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amou	01 12 int	2016
	City	State	Zip Code			499.71
	AKRON	OH	44333		of Disbursement of	33
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 / D D 29	/ <u>2016</u>
	Name of Federal Candidate		Support	Office Sough	nt: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent Senate	
	Calendar Year-To-Date Per Election for Office Sought		1719.66	Disbursemer 2016	nt For: Prim	ary 🗙 General
	Full Name of Payee	T CORP	🗌 Memo Ite	Date	M M / D D	tion/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amou	01 12 unt	2016
	City	State	Zip Code			4220.61
	AKRON	ОН	44333		action ID : SE.201 of Disbursement	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [03 / 29	/ Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sougl	ht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent Senate	e State: <u>IL</u>
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	14524.59	Disbursemer 2016	nt For: Prim	nary 🗙 General
	(a) SUBTOTAL of Itemized Independent E	Expenditures				4720.32
	(b) SUBTOTAL of Unitemized Independen	nt Expanditures				
	(c) TOTAL Independent Expenditures					7
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 /		2016
	Signature					

116	MIZED INDEPENDENT EXPEND	ITURES			L	PAGE 121 FOR LINE 24	OF 139 OF FORM 3X
					FEC ID	ENTIFICATIO	N NUMBER 🔻
I	EA PARTY MAJORITY FUNE	J			C	00566174	
Ch	eck if 24-hour report 48-hour re	eport New re	eport Amends repo	ort filed on	M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M /	Distribution/E	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amo	01 ount	12	2016
	City	State	Zip Code				2124.88
	AKRON	OH	44333			: SE.20135 rsement or Ol	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 /	29 /	2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: <u>IN</u>
	Calendar Year-To-Date Per Election for Office Sought		7312.46	Disbursem 2016	ent For: Other (spe	Primary ecify) ►	K General
	Full Name of Payee	Г CORP	🗌 Memo Ite	m Dat	e of Public	Distribution/E	Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	'E		Am	ount		2010
	City	State	Zip Code				1009.86
	AKRON	OH	44333			: SE.20136 rsement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	29	2016 Y
	Name of Federal Candidate		Support	Office Sou	ght:	House [District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State:IA
	Calendar Year-To-Date Per Election for Office Sought		3475.30	Disbursem 2016	ent For: Other (sp	Primary ecify) ▶	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					3134.74
	(b) SUBTOTAL of Unitemized Independen	It Expenditures					
					-7-		
	(c) TOTAL Independent Expenditures			•			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	onically Filed] Date	04	/ 15	/ Y Y 2016	
	Signature						

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 122 OF 139 FOR LINE 24 OF FORM 3X
				FEC	IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUND)		С	C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on	
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	Memo Ite	M M	Dic Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE	 E		01 Amount	12 2016
	City AKRON	State OH	Zip Code 44333		927.53 ID : SE.20137 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		/ D D / Y Y Y Y 29 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		3191.95	Disbursement For: 2016 Other (Primary X General Specify) ►
	Full Name of Payee	CORP	🗌 Memo Iter		blic Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVI	Ē		01 Amount	12 2016
	City	State	Zip Code		1446.33
	AKRON	ОН	44333		ID : SE.20138 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03	/ D D / Y Y Y Y 29 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: <u>KY</u>
	Calendar Year-To-Date Per Election for Office Sought		4977.32	Disbursement For 2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	2373.86
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• · · · ·	
				·	
	(c) TOTAL Independent Expenditures			•	<u>, , , , , , , , , , , , , , , , , , , </u>
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
	SCOTT B MACKENZIE	[Electror	nically Filed] Date	04 / D	
	Signature				

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 123 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends report	filed on
	Full Name of Payee INFOCISION MANAGEMENT CC	DRP	Memo Iter	
	Mailing Address 325 SPRINGSIDE DRIVE	 E		01 12 2016 Amount
	City.	04-4-	Zin Ooda	4402.00
	City AKRON	State OH	Zip Code 44333	1493.08 Transaction ID : SE.20139 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M M / D D / Y Y Y Y 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2016 Other (specify) ►
	Full Name of Payee	CORP	🗌 Memo Item	M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE	E		01 12 2016 Amount
	City	State	Zip Code	457.42
	AKRON	ОН	44333	Transaction ID : SE.20140 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03 / ^D 29 / ^Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought		1574.14	Disbursement For: Primary X General 2016 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Ex	xpenditures		▶ 1950.50
	(b) SUBTOTAL of Unitemized Independent	Expenditures		Image: A state of the state
	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016
	Signature		2410	

116	MIZED INDEPENDENT EXPEND	TURES			PAGE 124 OF 139 FOR LINE 24 OF FORM 3X
					FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUNE)			C C00566174
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	01 12 2016 ount
	City	Ctata	Zin Code		4025.02
	City AKRON	State OH	Zip Code 44333		1935.83 saction ID : SE.20141 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M M D D V Y
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	
	Calendar Year-To-Date Per Election for Office Sought		6661.89	Disburseme	ent For: Primary X General Other (specify) ►
	Full Name of Payee	CORP	🗌 Memo Ite	m Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	E		Amo	ount
	City	State	Zip Code		2238.57
	AKRON	ОН	44333		saction ID : SE.20142 te of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sou	ight: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought		7703.70	Disburseme 2016	eent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures			4174.40
	.,				
	(b) SUBTOTAL of Uniternized Independen	t Expenditures		• •	
	(c) TOTAL Independent Expenditures				* * * * *
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	mically Filed] Date	04	/ D D / Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 125 FOR LINE 24 C	OF 139 OF FORM 3X
					FEC IDENTIFICATION	
I	EA PARTY MAJORITY FUNI	J			C C00566174	
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo		M = M / D = D / Y	Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo Ita	em Date	of Public Distribution/Dist	Y Y Y
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo	01 12	2016
	City	Ctoto	Zin Code			2074 22
	City AKRON	State OH	Zip Code 44333		action ID : SE.20143 of Disbursement or Oblig	3274.32
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004			2016 Y
	Name of Federal Candidate		Support	Office Soug	ght: House Dist	rict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi		ate: <u>MI</u>
	Calendar Year-To-Date Per Election for Office Sought		11268.08	Disburseme	ent For: Primary Other (specify) ►	X General
	Full Name of Payee	T CORP	🗌 Memo Ite	m Date	e of Public Distribution/Dist	semination 2016
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amo		2010
	City	State	Zip Code			1756.87
	AKRON	ОН	44333		saction ID : SE.20144 e of Disbursement or Oblig	jation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y 03 / 29	2016
	Name of Federal Candidate		Support	Office Soug	ght: House Dist	rict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate St	ate: <u>MN</u>
	Calendar Year-To-Date Per Election for Office Sought		6046.01	Disburseme 2016	ent For: Primary Other (specify) ▶	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures				5031.19
	(b) SUBTOTAL of Unitemized Independer	it Expenditures		•		
	(c) TOTAL Independent Expenditures					
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize				
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	15 2016	Y
	Signature					_

116	MIZED INDEPENDENT EXPENDI	TURES		PAGE 126 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUND)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	DRP	🗌 Memo Ite	
	Mailing Address 325 SPRINGSIDE DRIVE	Ξ		01 12 2016 Amount
	City	State	Zip Code	962.49
	City AKRON	OH	44333	Transaction ID : SE.20145 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought		3312.28	Disbursement For: Primary X General 2016 Other (specify) ▶
	Full Name of Payee	CORP	🗌 Memo Iten	M M / D D / Y Y Y Y
	Mailing Address 325 SPRINGSIDE DRIVE	E		01 12 2016 Amount
	City	State	Zip Code	1986.33
	AKRON	ОН	44333	Transaction ID : SE.20146 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M M / D D / Y Y Y Y 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought		6835.67	Disbursement For: Primary X General 2016 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	xpenditures		▶ 2948.82
	(b) SUBTOTAL of Unitemized Independent	Expenditures		
	(c) TOTAL Independent Expenditures			
١		y candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016
	Signature			

116	MIZED INDEPENDENT EXPEND	ITURES				PAGE 127 OF 13 FOR LINE 24 OF FORM	
					FEC I	DENTIFICATION NUMBE	R 🔻
I	EA PARTY MAJORITY FUN	D			С	C00566174	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	M = M		Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Dat	M M	ic Distribution/Disseminatio	on
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	01 ount	12 2016	_
	City	State	Zip Code			335.12	,
	AKRON	OH	44333			D : SE.20147 pursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	/ D D / Y Y Y 29 / 2016	Y
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 0	00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought		1153.27	Disbursem		Primary X Ger pecify) ►	neral
	Full Name of Payee	T CORP	🗌 Memo Ite	m Dat	M M	lic Distribution/Disseminati	
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	01 Iount	12 2016	_
	City	State	Zip Code			597.20)
	AKRON	ОН	44333			D : SE.20148 bursement or Obligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	/ D D / Y Y Y 29 / 2016	
	Name of Federal Candidate		Support	Office Sou	ıght:	House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	sident	Senate State:	NE
	Calendar Year-To-Date Per Election for Office Sought	7 7	2055.17	Disbursem 2016		Primary X Ger specify) ►	neral
	(a) SUBTOTAL of Itemized Independent I	Expenditures				932.32	7
	(b) SUBTOTAL of Unitemized Independer	nt Expanditures					-
					7		
	(c) TOTAL Independent Expenditures			•			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	iny candidate or authorized					
	SCOTT B MACKENZIE	[Electror	nically Filed] Date	04	/ 15	2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	IURES		PAGE 128 OF 139 FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ▼
I	EA PARTY MAJORITY FUNE)		C C00566174
Ch	eck if 24-hour report 48-hour re	eport New rep	oort Amends report	filed on
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	Memo Iter	
	Mailing Address 325 SPRINGSIDE DRIV	E		01 12 2016 Amount
	City AKRON	State OH	Zip Code 44333	889.61 Transaction ID : SE.20149 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbulschieft of Obligation 03 / 29 / 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2016 Other (specify) ►
	Full Name of Payee	CORP	Memo Item	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE				Amount
	City	State	Zip Code	448.45
	AKRON	ОН	44333	Transaction ID : SE.20150 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03 / ^D 29 / ^Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary X General 2016 Other (specify) ►
	(a) SUBTOTAL of Itemized Independent E	xpenditures		1338.06
	(b) SUBTOTAL of Unitemized Independent	t Expenditures		
	(c) TOTAL Independent Expenditures			
١		ny candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 15 2016
	Signature			

ITE	MIZED INDEPENDENT EXPEND	DITURES				PAGE 129 FOR LINE 24	OF 139 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC I		I NUMBER 🔻
Т	TEA PARTY MAJORITY FUND						
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	M = M		Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT (Memo It	em Da	ate of Publi	ic Distribution/Di	ssemination
					01	12	2016 Y
	Mailing Address 325 SPRINGSIDE DRI	VE		Ar	nount		
	City	State	Zip Code				2927.88
	AKRON	ОН	44333			D:SE.20151 ursement or Obl	igation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03		2016
	Name of Federal Candidate		Support	Office So	ught:	House Di	strict: 00
	HILLARY RODHAM CLINTON			X Pre	sident	Senate	State: NJ
	Calendar Year-To-Date		40075.07	Disburser	ment For:	Primary	X General
	Per Election for Office Sought		10075.87	2010	Other (sp	pecify) 🕨	
	Full Name of Payee		Memo Ite	em Da	ate of Publi	lic Distribution/Di	ssemination
					01 ^M	/ D D / 12	2016
	Mailing Address 325 SPRINGSIDE DRI	VE		Ar	mount		
	City	State	Zip Code				675.05
	AKRON	ОН	44333			D:SE.20152 oursement or Ob	ligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 03	/ D_D / 29	2016
	Name of Federal Candidate		Support	Office Sc	ought:	House Di	strict: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident	Senate	State: <u>NM</u>
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	2323.08	Disburser 2016	ment For: Other (s	Primary	X General
						,	
	(a) SUBTOTAL of Itemized Independent	Expenditures		·· ►	-7-		3602.93
	(b) SUBTOTAL of Unitemized Independe	ent Expenditures		. Г			
					-7		
	(c) TOTAL Independent Expenditures			•••		1 1 1 1	
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized					
	SCOTT B MACKENZIE	Flortron	ically Filed]	M	/ 0 0		Y
	Signature		Date	9 04	15	2016	-

116	MIZED INDEPENDENT EXPEND	IIURES			L	PAGE 130 FOR LINE 24	OF 139 OF FORM 3X
					FEC ID	ENTIFICATIO	N NUMBER 🔻
I	EA PARTY MAJORITY FUNI	J			С	200566174	
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo	ort filed on	M M /	D D /	Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em Date	M M /	Distribution/D	YYYYY
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amo	01 Dunt	12	2016
	City	State	Zip Code				6556.60
	AKRON	OH	44333			: SE.20153 rsement or Ol	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 /	29 /	2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres		Senate	State: NY
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	22563.55	Disburseme 2016	ent For: Other (spe	Primary ecify) ►	K General
	Full Name of Payee	T CORP	🗌 Memo Ite	m Date	e of Public	Distribution/E	Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	/E		Am	ount	12	2010
	City	State	Zip Code				3182.93
	AKRON	ОН	44333			: SE.20154 Irsement or O	bligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	29 /	y y y y 2016
	Name of Federal Candidate		Support	Office Sou	ght:	House D	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought		10953.58	Disbursem 2016	ent For: Other (sp	Primary ecify) ▶	X General
	(a) SUBTOTAL of Itemized Independent E	Expenditures					9739.53
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures					
				•	-7-		
	(c) TOTAL Independent Expenditures			•	-7-		
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize					
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04	/ 15	/ 2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 131 OF 139 FOR LINE 24 OF FORM 3X
				F	FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C00566174
Ch	eck if 24-hour report 48-hour r	report New re	port Amends repo	rt filed on	M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	′Ε		Amount	01 12 2016 t
	City	State	Zip Code		230.13
	AKRON	OH	44333		tion ID : SE.20155 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М)3 / D D / Y Y Y 29 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	
	Calendar Year-To-Date Per Election for Office Sought		791.96	Disbursement 2016 Oth	For: Primary X General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	🗌 Memo Ite	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	'E		Amount	
	City	State	Zip Code		3823.53
	AKRON	ОН	44333		tion ID : SE.20156 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 ^M 29 ^Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought		13158.11	Disbursement 2016	For: Primary X General Anter (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures			4053.66
	(b) SUBTOTAL of Unitemized Independen	nt Expenditures			
					-171717-
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 / Y Y Y Y Y 15 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	ITURES			PAGE 132 OF 139 FOR LINE 24 OF FORM 3X
				1	FEC IDENTIFICATION NUMBER V
I	EA PARTY MAJORITY FUNI	J			C C00566174
Ch	eck if 24-hour report 48-hour r	eport New re	port Amends repo		M / D D / Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amoun	01 12 2016 t
	City	State	Zip Code		1233.36
	AKRON	OH	44333		tion ID : SE.20157 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М)3 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: OK
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	4244.42	Disbursement 2016 Oth	For: Primary X General
	Full Name of Payee	Г CORP	🗌 Memo Ite	Date O	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIV	Ë		Amoun	
	City	State	Zip Code		1299.33
	AKRON	OH	44333		tion ID : SE.20158 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 ^M 29 ^Y 2016
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		4471.46	Disbursement 2016	For: Primary X General her (specify) ►
	(a) SUBTOTAL of Itemized Independent E	Expenditures			2532.69
	(b) SUBTOTAL of Unitemized Independen	It Expenditures			
				·	
	(c) TOTAL Independent Expenditures				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commi	ny candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	04 /	15 / 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IURES			PAGE 133 OF 139 FOR LINE 24 OF FORM 3X			
				FEC ID	ENTIFICATION NUMBER V			
I	EA PARTY MAJORITY FUNE)		C	00566174			
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on				
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo Ite		Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	E		01 Amount	12 2016			
	City	State	Zip Code		4311.57			
	City AKRON	OH	44333	Transaction ID Date of Disbu				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03	29 / Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: PA			
	Calendar Year-To-Date Per Election for Office Sought		14837.63	Disbursement For: 2016 Other (spe	Primary X General			
	Full Name of Payee	CORP	🗌 Memo Iter	n Date of Public	Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIV	E			12 2016			
	City	State	Zip Code		359.28			
	AKRON	ОН	44333	Transaction ID Date of Disbu	: SE.20160 rsement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03	^D 29 / ^Y 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State:			
	Calendar Year-To-Date Per Election for Office Sought		1236.40	Disbursement For: 2016 Other (sp	Primary X General ecify) ►			
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	4670.85			
	(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures			•				
١	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 / D D 15	/ Y Y Y Y 2016			
	Signature							

116	MIZED INDEPENDENT EXPENDI	URES			PAGE 134 OF 139 FOR LINE 24 OF FORM 3X			
	ME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER V			
I	EA PARTY MAJORITY FUND			[C C00566174			
Ch	eck if 24-hour report 48-hour re	port New rep	port Amends repo	rt filed on	M / D D / Y Y Y Y Y			
	Full Name of Payee INFOCISION MANAGEMENT CC)RP	Memo Ite	M	Public Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIVE			Amount	1 12 2016			
	0.4		Zin Oada		4554.40			
	City AKRON	State OH	Zip Code 44333		tion ID : SE.20161 Disbursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	М	33 / D D / Y Y Y Y 33 / 29 / 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presiden	esident Senate State: SC			
	Calendar Year-To-Date Per Election for Office Sought		5349.35	Disbursement 2016 Oth	For: Primary X General ner (specify) ▶			
	Full Name of Payee	CORP	🗌 Memo Ite	Date of	f Public Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIVE				01122016 Amount			
	City	State	Zip Code		268.21			
	AKRON	ОН	44333		tion ID : SE.20162 f Disbursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		D3 / 29 / Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X Presider				
	Calendar Year-To-Date Per Election for Office Sought		922.99	Disbursement 2016 Oth	For: Primary X General her (specify) ►			
	(a) SUBTOTAL of Itemized Independent Ex	penditures			1822.64			
	(b) SUBTOTAL of Unitemized Independent	Expenditures						
	(c) TOTAL Independent Expenditures							
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 /	15 / 2016			
	Signature							

116	MIZED INDEPENDENT EXPEND	ITURES			PAGE FOR L	135 OF 139 INE 24 OF FORM 3X		
						CATION NUMBER V		
I	EA PARTY MAJORITY FUNI	J			C C00566	174		
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo	ort filed on	M M / D	D / Y = Y = Y = Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M / D			
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amc	01 12 punt	2 2016		
	City	State	Zip Code			2121.38		
	AKRON	OH	44333		action ID : SE.2	0163		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 / D	D / Y Y Y Y		
	Name of Federal Candidate		Support	Office Soug	ght: Hou	se District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Sena			
	Calendar Year-To-Date Per Election for Office Sought		7300.42	Disburseme	ent For: Pr Other (specify) ▶	rimary 🔀 General		
	Full Name of Payee	Г CORP	🗌 Memo Ite	m Date	of Public Distrit			
	Mailing Address 325 SPRINGSIDE DRIV	Έ		Amo	ii L			
	City	State	Zip Code			8083.42		
	AKRON	ОН	44333		saction ID : SE.2 e of Disbursemer			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 / D29	D / Y Y Y Y 2016		
	Name of Federal Candidate		Support	Office Sou	ght: Hou	se District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Sen	ate State: <u>TX</u>		
	Calendar Year-To-Date Per Election for Office Sought		27817.89	Disburseme 2016	ent For: P Other (specify) ▶	rimary 🔀 General		
	(a) SUBTOTAL of Itemized Independent E	Expenditures				10204.80		
	(b) SUBTOTAL of Unitemized Independen	t Expenditures						
	(c) TOTAL Independent Expenditures			•				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize						
	SCOTT B MACKENZIE	[Electro	mically Filed] Date	04	15 / Y	2016		
	Signature							

116	MIZED INDEPENDENT EXPENDI	TURES			PAGE 136 OF 139 FOR LINE 24 OF FORM 3X			
				FEC ID	DENTIFICATION NUMBER V			
I	EA PARTY MAJORITY FUND)		C	C00566174			
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repor	t filed on				
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo Ite	M M /	Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIVI	E		01 Amount	12 2016			
	City	State	Zip Code		836.64			
	City AKRON	OH	44333	Transaction ID Date of Disbu				
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	03	29 / 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	Y President	Senate State: UT			
	Calendar Year-To-Date Per Election for Office Sought		2879.18	Disbursement For: 2016 Other (sp	Primary X General			
	Full Name of Payee	CORP	🗌 Memo Iter	n Date of Public	c Distribution/Dissemination			
	Mailing Address 325 SPRINGSIDE DRIVI	Ē			12 2016			
	City	State	Zip Code		216.15			
	AKRON	ОН	44333	Transaction ID Date of Disbu	D: SE.20166 ursement or Obligation			
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 03	29 / Y Y Y Y 2016			
	Name of Federal Candidate		Support	Office Sought:	House District: 00			
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: VT			
	Calendar Year-To-Date Per Election for Office Sought		743.85	Disbursement For: 2016 Other (sp	Primary X General Decify) ►			
	(a) SUBTOTAL of Itemized Independent E	xpenditures		•	1052.79			
	(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures			Image: A state of the state	т. т. т. т. т. 			
١	Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized						
	SCOTT B MACKENZIE	[Electror	nically Filed] Date	04 / D D 15	/ Y Y Y Y 2016			
	Signature							

116	MIZED INDEPENDENT EXPEND	ITURES			L 1	PAGE 137 FOR LINE 24	OF 139 4 OF FORM 3X	
					FEC ID	ENTIFICATIO	N NUMBER 🔻	
I	EA PARTY MAJORITY FUNI	J			C	00566174		
Ch	eck if 24-hour report 48-hour re	eport New re	port Amends repo	ort filed on	M M /	D D /	Y Y Y Y Y Y	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	M M /	D D /	Dissemination	
	Mailing Address 325 SPRINGSIDE DRIV	 ′E		Amo	01 Dunt	12	2016	
	City	State	Zip Code				2696.67	
	AKRON	OH	44333			: SE.20167 rsement or O		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03 /	29 /	2016	
	Name of Federal Candidate		Support	Office Sou	ght:	House [District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	Senate	State: VA	
	Calendar Year-To-Date Per Election for Office Sought		9280.18	Disburseme 2016	ent For: Other (spe	Primary ecify) ►	K General	
	Full Name of Payee	Г CORP	🗌 Memo Ite	m Date	e of Public	Distribution/l	Dissemination	
	Mailing Address 325 SPRINGSIDE DRIV	Ë		Amo		12	2010	
	City	State	Zip Code				2266.98	
	AKRON	ОН	44333			: SE.20168 rsement or O	bligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		^M 03	29 /	2016	
	Name of Federal Candidate		Support	Office Sou	ght:	House I	District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident	Senate	State: WA	
	Calendar Year-To-Date Per Election for Office Sought		7801.46	Disbursem 2016	ent For: Other (sp	Primary ecify) ►	X General	
	(a) SUBTOTAL of Itemized Independent E	Expenditures					4963.65	
	(b) SUBTOTAL of Unitemized Independen	t Expenditures			-7-			
	(c) TOTAL Independent Expenditures			•				
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorize						
	SCOTT B MACKENZIE	[Electro	mically Filed] Date	04	/ 15	/ 2016		
	Signature							

116	MIZED INDEPENDENT EXPEND	IIURES				E 138 OF 139 LINE 24 OF FORM 3X		
					FEC IDENT	IFICATION NUMBER V		
I	EA PARTY MAJORITY FUNI	J			C C005	66174		
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		/ D	D / Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo Ite	em Date	M M / D	ribution/Dissemination	Ī	
	Mailing Address 325 SPRINGSIDE DRIV	/E		Amou	01	12 2016		
	City	State	Zip Code			635.21	ĺ.	
	AKRON	OH	44333		action ID : SE of Disbursem		1	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D	29 / <u>Y Y Y Y</u> 2016		
	Name of Federal Candidate		Support	Office Sougl	nt: Ho	ouse District: 00	_	
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent Se	enate State: <u>WV</u>	-	
	Calendar Year-To-Date Per Election for Office Sought		2185.97	Disbursemer 2016	nt For:	Primary X General	_	
	Full Name of Payee	T CORP	🗌 Memo Ite	Date		tribution/Dissemination	1	
	Mailing Address 325 SPRINGSIDE DRIV	/E				Amount		
	City	State	Zip Code			1894.33	1	
	AKRON	ОН	44333		action ID : SE of Disbursem	.20170 ent or Obligation	1	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [03 / D	29 [/] Y Y Y Y 2016		
	Name of Federal Candidate		Support	Office Soug	ht: Ho	ouse District: 00	_	
	HILLARY RODHAM CLINTON		X Oppose	X Presic		enate State: <u>WI</u>	-	
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	6519.05	Disburseme 2016	nt For:	Primary X General	_	
	(a) SUBTOTAL of Itemized Independent E	Expenditures				2529.54		
	(b) SUBTOTAL of Unitermized Independent	at Exponditures						
	(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures				-			
,	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorize						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04 /	15 /	2016		
	Signature							

116	MIZED INDEPENDENT EXPENDI	IURES				PAGE 139 FOR LINE 24	OF 139 OF FORM 3X	
					FEC I	DENTIFICATIO	N NUMBER 🔻	
I	EA PARTY MAJORITY FUND				С	C00566174		
Ch	eck if 24-hour report 48-hour re	port New rep	port Amends repo	ort filed or	n	/ D D /	Y Y Y Y Y	
	Full Name of Payee INFOCISION MANAGEMENT CC)RP	🗌 Memo It	em [M M	ic Distribution/E	YYYYY	
	Mailing Address 325 SPRINGSIDE DRIVE				01 Amount	12	2016	
	City	State	Zip Code				187.13	
	AKRON	OH	44333			D:SE.20171 oursement or Ot		
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	/ D D / 29	2016	
	Name of Federal Candidate		Support	Office S	Sought:	House D	District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X P	resident	Senate	State: WY	
	Calendar Year-To-Date Per Election for Office Sought		643.97	Disburs 2016	ement For:	Primary pecify) ►	K General	
	Full Name of Payee INFOCISION MANAGEMENT	CORP	🗌 Memo Ite	im l	Date of Publ	lic Distribution/E	Dissemination 2016	
	Mailing Address 325 SPRINGSIDE DRIVE				Amount			
	City	State	Zip Code				221.44	
	AKRON	ОН	44333			D: SE.20172 Dursement or O	bligation	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		03	/ <u>29</u> /	y y y y 2016	
	Name of Federal Candidate		Support	Office S	Sought:	House D	District: 00	
	HILLARY RODHAM CLINTON		X Oppose	XF	President	Senate	State: DC	
	Calendar Year-To-Date Per Election for Office Sought	7 7	762.09	Disburs 2016	ement For:	Primary	X General	
	(a) SUBTOTAL of Itemized Independent Ex	penditures					408.57	
	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •				
	(c) TOTAL Independent Expenditures			•		7 1	353273.16	
,	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committ	y candidate or authorized						
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	04	/ 15	2016		
	Signature							