

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">335.12</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.20147</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1153.27</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount <span style="border: 1px solid black; padding: 2px;">597.20</span>
City State Zip Code AKRON OH 44333	<b>Transaction ID : SE.20148</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2055.17</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">932.32</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
04 / 15 / 2016