#### 04/14/2016 01 : 32

PAGE 1 / 46

FEC	AND [	DISB	OF RECURSEN		s		Office Use Only	I
1. NAME OF COMMITTEE (in full)	TYPE OR PF	RINT V		mple: If typir r the lines.	ng, type	12FE4M5		
ADDRESS (number and street)	2776 S AR	LINGTON	MILL DR #806					
Check if different than previously reported. (ACC)	ATTN: SCO	OTT B MAC			<u> </u>	VA	22206	
2. FEC IDENTIFICATION NU	MBER <b>V</b>	<u> </u>	CITY 🔺		S		ZIP CC	
C C00524454			3. IS THIS REPORT	$\sim$	IEW N) <b>OR</b>	(A)	IENDED	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Month Repo Due C	ť	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
× April 15			Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	(C)	2-Day PRE-Electio	n	Primary (12P	)	General	(12G)	Runoff (12R)
Quarterly Report (Q2 October 15	2)	Report for t		Convention (	12C)	Special (	12S)	
Quarterly Report (Q3 January 31 Year-End Report (YE		E	Election on	M M /	D D /	Y Y Y Y Y	in the State	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	- I	80-Day POST-Elect		General (300	à)	Runoff (3	60R)	Special (30S)
Termination Report (TER)		Report for t	Election on	M M /	D D /	Y Y Y Y Y	in the State	of
5. Covering Period 01	/ D D 01		016	through	M M 03	/ D D / 31	2016	
I certify that I have examined this Type or Print Name of Treasurer	-		est of my know	wledge and t	pelief it is true	e, correct and	d complete.	
Signature of Treasurer	T MACKENZI	5		[Electronically	<i>Filed]</i> Da	ate 04	/ D D / 14	2016
NOTE: Submission of false, errone	ous, or incor	nplete infor	mation may su	bject the pers	son signing thi	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only							FEC FOF Rev. 12/2	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	OF FEC Form 3X (Rev. 02/2003)	RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	/rite or Type Committee Name CONSERVATIVE MAJORITY FUND		
_	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2016 To:	03 / 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	[	8816.68
	(b) Cash on Hand at Beginning of Reporting Period	8816.68	
	(c) Total Receipts (from Line 19)	90878.68	90878.68
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	99695.36	99695.36
7.	Total Disbursements (from Line 31)	85694.02	85694.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14001.34	14001.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	800.00	

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

# **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Page 3

# CONSERVATIVE MAJORITY FUND

Report Covering the Period: From: 01	01 / Y Y Y Y 01 2016 To	b: 03 / 31 / 2016
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		
(i) Itemized (use Schedule A)	2575.00	2575.00
Ē		
(ii) Unitemized	84972.59	84972.59
(iii) TOTAL (add	275 17 50	87547.59
Lines 11(a)(i) and (ii)	87547.59	01341.39
	0.00	0.00
(b) Political Party Committees	7 7 7	
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	87547.59	87547.59
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
.,		
3. All Loans Received	300.00	300.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	3031.09	3031.09
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
,		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ol> <li>Total Receipts (add Lines 11(d),</li> <li>10, 10, 11, 15, 10, 17, and 10(a))</li> </ol>	00070 00	00070.00
12, 13, 14, 15, 16, 17, and 18(c)) ►	90878.68	90878.68
Total Eddard Descipto		
). Total Federal Receipts	90878.68	00070 60
(subtract Line 18(c) from Line 19)►	30070.00	90878.68

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2	003)		Page 4			
II. Disbursement	S	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
<ul> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/Non-Fe Activity (from Schedule F</li> </ul>	ederal					
(i) Federal Share	·	0.00	0.00			
(ii) Non-Federal Share		0.00	0.00			
(b) Other Federal Operating Expenditures		12628.33	12628.33			
(c) Total Operating Expendit	ures					
(add 21(a)(i), (a)(ii), and Transfers to Affiliated/Other F		12628.33	12628.33			
Committees Contributions to		0.00	0.00			
Federal Candidates/Committee and Other Political Committee	es 95	0.00	0.00			
Independent Expenditures (use Schedule E) Coordinated Party Expenditur		72680.69	72680.69			
Coordinated Party Expenditur (2 U.S.C. §441a(d)) (use Schedule F)	es the second seco	0.00	0.00			
Loan Repayments Made		300.00	300.00			
Loans Made		0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Othe Than Political Committee	r	85.00	85.00			
			0.00			
<ul><li>(b) Political Party Committee</li><li>(c) Other Political Committee</li></ul>		0.00	0.00			
(such as PACs)		0.00	0.00			
(d) Total Contribution Refund		85.00	95.00			
(add Lines 28(a), (b), an	a (c))▶		85.00			
Other Disbursements		0.00	0.00			
Federal Election Activity (2 U						
(a) Allocated Federal Electio (from Schedule H6)	n Activity					
(i) Federal Share		0.00	0.00			
(ii) "Levin" Share		0.00	0.00			
(b) Federal Election Activity With Federal Funds	Paid Entirely	0.00	0.00			
(c) Total Federal Election Ac Lines 30(a)(i), 30(a)(ii) a		0.00	0.00			
Total Disbursements (add Lin 23, 24, 25, 26, 27, 28(d), 29		85694.02	85694.02			
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Li from Line 31)		85694.02	06604.00			
		00004.02	85694.02			

L

## DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
3. Total Contributions (other than loans) (from Line 11(d), page 3)	87547.59	87547.59					
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	85.00	85.00					
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87462.59	87462.59					
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	12628.33	12628.33					
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
. Net Operating Expenditures (subtract Line 37 from Line 36)	12628.33	12628.33					

<b>IT</b> Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a		FOR LINE NUMBER:       PAGE       6       OF       46         (check only one)       I1a       11b       11c       12         I3       14       15       16       17         erson for the purpose of soliciting contributions to solicit contributions from such committee.       6       0F       46
	CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MR GEORGE R BROWN 341 Mailing Address 26291 MIRA WAY			Date of Receipt
	City BONITA SPGS	State FL	Zip Code 34134	Transaction ID : SA11AI.4429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer NONE	Occupation RETIRED		500.00 Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) MR WILLIAM C JERNIGAN 352 Mailing Address 5 TURNBERRY PL			Date of Receipt 02 12 2016
	City SHOAL CREEK	State AL	Zip Code 35242	Transaction ID : SA11AI.5482 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NONE	Occupation RETIRED	1	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) MR FREDERICK W KLEIN 857 Mailing Address 36584 S WIND CREST DR			Date of Receipt
	City TUCSON	State AZ	Zip Code 85739	03     31     2016       Transaction ID : SA11AI.7617       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer NONE	Occupation RETIRED	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
s	UBTOTAL of Receipts This Page (optional)			975.00

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

FEC Schedule A (Form 3X) Rev. 12/2015

			Use separate schedu for each category of Detailed Summary Pa	ile(s) (c the age	OR LINE NUMBER:     PAGE     7     OF     46       check only one)     11a     11b     11c     12       13     14     15     16     17							
or for commercial pur	poses, other than using the TTEE (In Full)	name and a			n for the purpose of soliciting contributions solicit contributions from such committee.							
CONSERVA	TIVE MAJORITY F	UND										
Full Name (Last, F MS ONA LEST	ER 300				Date of Receipt							
Mailing Address 1	101 HUMPHRIES RD NW				03 14 _ 2016 _							
City CONYERS		State GA	Zip Code 30012		Transaction ID : SA11AI.7717 Amount of Each Receipt this Period							
FEC ID number of federal political cor		С		]	100.00							
Name of Employer		Occupation RETIRED			Memo Item							
Receipt For: Primary Other (specif	General y) ▼		Year-to-Date ▼ 250	0.00								
Full Name (Last, F B. MS LINDA L L			Date of Receipt									
	Mailing Address 2425 RIC DR				01 18 2016							
City GILROY		State CA	Zip Code 95020	_	Transaction ID : SA11AI.5717 Amount of Each Receipt this Period							
FEC ID number of federal political cor		С		]	250.00							
Name of Employer NONE		Occupation RETIRED			Memo Item							
Receipt For: Primary Other (specif	General y) ▼	Aggregate	Year-to-Date ▼ 250	0.00								
Full Name (Last, F MRS MARCI	irst, Middle Initial) A W MONNIER 454				Date of Receipt							
Mailing Address 6	985 WEMBLEY CIR				03 01 2016							
City DAYTON		State OH	Zip Code 45459		Transaction ID : SA11AI.7919 Amount of Each Receipt this Period							
FEC ID number of federal political cor	8	С			200.00							
Name of Employer		Occupation			Memo Item							
		RETIRED										
Receipt For: Primary Other (specif	General y) ▼	Year-to-Date ▼ 400	0.00									
SUBTOTAL of Recei	pts This Page (optional)				550.00							

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

\_\_\_\_\_

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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         8         OF         46           (check only one)         I1a         11b         11c         12           I1a         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND		
Α.	Full Name (Last, First, Middle Initial) MRS NANCY L ORME 201			Date of Receipt
	Mailing Address 41284 HOGELAND MILL RD			02 10 _ 2016
	City LEESBURG	State VA	Zip Code 20175	Transaction ID : SA11AI.6168 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer RETIRED	Occupation NURSE	1	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]
В.	Full Name (Last, First, Middle Initial) MR ANNE M RYAN 334			Date of Receipt
	Mailing Address 5402 PENNOCK POINT RD			03 28 2016
	City JUPITER	State FL	Zip Code 33458	Transaction ID : SA11AI.8261           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer SELF EMPLOYED	Occupation MUSICIAN	1	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	]
с.	Full Name (Last, First, Middle Initial) MS CARRIE E WILSON 410			Date of Receipt
	Mailing Address PO BOX 76280	21.1		03 / D D / Y Y Y Y 2016
	City HIGHLAND HEIGHTS	State KY	Zip Code 41076	Transaction ID : SA11AI.8635 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation	1	Memo Item
	NONE	RETIRED		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	1
s	UBTOTAL of Receipts This Page (optional)			550.00

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

	0											
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         9         OF         46           (check only one)         X         11a         11b         11c         12           13         14         15         16         17								
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions								
	CONSERVATIVE MAJORITY F	UND										
Α.	Full Name (Last, First, Middle Initial) MR THOMAS B WOODWORTH 339			Date of Receipt								
	Mailing Address 2665 W GULF DR APT 3											
	City SANIBEL	State FL	Zip Code 33957	Transaction ID : SA11AI.7078 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	Year-to-Date ▼ 500.00									
В.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address	7.0.1										
	City	State	Zip Code	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		Memo Item								
	Name of Employer	Occupation										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼									
<u></u> с.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address			M M / D D / 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) ▼		Year-to-Date ▼									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         10         OF         46           (check only one)         11a         11b         11c         12           X         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) CONSERVATIVE MAJORITY F	name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
<b>A</b> .	Full Name (Last, First, Middle Initial)         SCOTT B MACKENZIE         Mailing Address 2776 S ARLINGTON MILL DR         City         ARLINGTON         FEC ID number of contributing federal political committee.         Name of Employer         MACKENZIE & COMPANY         Receipt For:         Primary       General         Other (specify)	State VA C Occupation CONSULT/ Aggregate		Date of Receipt					
B.	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  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Memo Item					
C.	Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	State C Occupation Aggregate	Zip Code						
	Primary General Other (specify)			]					

SUBTOTAL of Receipts This Page (optional)	•			7		7	300.00
TOTAL This Period (last page this line number only)		Γ	Į,				300.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF         46           (check only one)         11a         11b         11c         12           13         14         15         16         X         17						
Ar 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 committee	erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	UND								
Α.	Full Name (Last, First, Middle Initial) INFOCISION MANAGEMENT CORP			Date of Receipt						
	Mailing Address 325 SPRINSIDE DRIVE			M = M         /         D = D         /         Y = Y = Y = Y         Y           01         08         2016						
	City AKRON	State OH	Zip Code 44333	Transaction ID : SA17.9200 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1798.09						
	Name of Employer	Occupation		LIST RENTAL INCOME						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1798.09							
В.	Full Name (Last, First, Middle Initial)	>		Date of Receipt						
	Mailing Address 325 SPRINSIDE DRIVE			03 10 _2016						
	City AKRON	State OH	Zip Code 44333	Transaction ID : SA17.9201 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1233.00						
	Name of Employer	Occupation	1	LIST RENTAL INCOME						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3031.09							
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address			M = M / D = D / 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)		Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)			3031.09						

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

SCHEDULE B (FEC F	-		arate schedule(s)			LINE NUMBER:					PAGE 12 OF						
ITEMIZED DISBURSEN	IENTS	for each	category of the Summary Page	(c		k only 21b 27		2 8a		23 28		24	L	25 29	26 30b		
Any information copied from such or for commercial purposes, other	Reports and Stater than using the nan	ments may ne and add	not be sold or us ress of any politic	ed by al con	any nmit	y perso ttee to	n for solici	the co	pur ntrik	pos outic	se of ons	f solici from s	ting ( such	contrib commi	utions ttee.		
NAME OF COMMITTEE (In Ful	,	1D															
Full Name (Last, First, Middle Ir A. ACTIVE ENGAGEME	,						Date of Disbursement										
Mailing Address 44084 RIVERS SUITE 350							01 08 2016										
City LANSDOWNE Purpose of Disbursement		State VA	Zip Code 20176				Transaction ID : SB21B.9202										
eMAIL SOLICITATIONS				1. Alt 1.	03		Amount of Each Di				Disbursement this Period						
	SERVATIVE MAJORITY FUND						H	Me	mo l	, Item	n			1000	.00		
Senate Presider State: District:	t 📃	Primary Other (spe	General cify) <b>▼</b>														
Full Name (Last, First, Middle In B. ACTIVE ENGAGEME	,							e of	_	_	irsen		V	Y Y	Y		
Mailing Address 44084 RIVERS SUITE 350	SIDE PKWY			9			01 22 2016										
City LANSDOWNE	ţ	State VA	Zip Code 20176				т	ans	sact	ion	ID :	SB21	B.92	04			
Purpose of Disbursement eMAIL SOLICITATIONS Candidate Name				la de la compañía de	003			Amount of Each Disbursement this Period									
CONSERVATIVE MA	JORITY FUN Disburser			Category/ Type			500.00 Memo Item				.00						
Senate Presider State: District:	ıt	Primary Other (spe	General cify) ▼														
Full Name (Last, First, Middle In C. ACTIVE ENGAGEME	,						Da	e of	f Di	sbu	irsen	nent					
Mailing Address 44084 RIVERS SUITE 350	IDE PKWY							)3	<b>'</b>	ſ	09			2016	Y		
City LANSDOWNE	:	State VA	Zip Code 20176				т	ans	sact	ion	ID :	SB21	B.92	03			
Purpose of Disbursement eMAIL SOLICITATIONS Candidate Name				0 Cate	03 eqor	rv/	Am	oun	t of	Ea	ich D	Disbur	seme		Period		
CONSERVATIVE MA	Disburser		General cify) ▼		ype			Mei	mo l	tem	n			5000	.00		
SUBTOTAL of Disbursements Thi TOTAL This Period (last page this										3	-			6500	.00		

SC	HEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 C				OF 46						
		Use separate schedule(s)		-		ly one)								
• • • •		for each category of the Detailed Summary Page			21b 27	22 28a		23 28b		24 28c	25 29	20		
	/ information copied from such Reports and Statem for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D												
<u>لا</u> ر	Full Name (Last, First, Middle Initial)													
-	FIRSTMERIT BANK					Date of Disbursement								
-	Mailing Address 295 FIRSTMERIT CIRCLE							01 29 2016						
	,	State Zip Code OH 44307				Trar	nsact	ion ID	) : SB	21B.7 <sup>-</sup>	116			
	BANK CHARGES		(	001		Amou	nt of	Each	Disb	ursem	ent this	Period		
	Candidate Name CONSERVATIVE MAJORITY FUN	D		egoı İype				,		,	756	6.62		
	Office Sought: House Disbursen					M	emo	ltem						
	State: District:	· · · · ·												
	Full Name (Last, First, Middle Initial) FIRSTMERIT BANK							sburse						
ļ	Mailing Address 295 FIRSTMERIT CIRCLE					02 29 2016								
	AKRON	Citate Zip Code OH 44307				Transaction ID : SB21B.7118								
	Purpose of Disbursement BANK CHARGES		001 Amount of Eacl				unt of Each Disbursement this Period							
	Candidate Name CONSERVATIVE MAJORITY FUN	п		egoi	ry/	965.05								
	Office Sought: House Disbursen		Type ral			Memo Item								
	State: District:													
	Full Name (Last, First, Middle Initial) FIRSTMERIT BANK					Date	_	sburse			YY			
J	Mailing Address 295 FIRSTMERIT CIRCLE					03			1		2016	_		
	AKRON	State Zip Code OH 44307				Trar	nsact	tion ID	) : SB	21B.7	119			
	Purpose of Disbursement BANK CHARGES Candidate Name		(	001		Amou	nt of	Each	Disb	ursem	ent this	Period		
	CONSERVATIVE MAJORITY FUN	ID		egoı ype	-						163 <sup>-</sup>	1.59		
		nent For: Primary General Other (specify) ▼				M	emo	ltem						
51	JBTOTAL of Disbursements This Page (optional)					<b>_</b>	-	-	-		3353	3.26		
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SCHEDULE B (FEC Form 3X)						E NI	JMBER	:			PA	GE	14 (	DF 46
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hec	k or	ily o	ne)		1.65	-			_	
		Detailed Summary Page		×	21k 27	°  -	22 28a	$\vdash$	23 28b		24 28c	$\vdash$	25 29	26 30b
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	nents may not be sold or us ne and address of any polition	ed by cal con	any nmit	r pei itee	rson to s	for the olicit co	pur ontrik	pose putions	of s f	solicitin	ig co ch ci	ontribu ommit	tions ee.
$\backslash$	NAME OF COMMITTEE (In Full)													
	CONSERVATIVE MAJORITY FUN	1D												
-	Full Name (Last, First, Middle Initial)	RP					Date o				_			
	Mailing Address 325 SPRINSIDE DRIVE					01 08 2016								
	City AKRON Purpose of Disbursement	State Zip Code OH 44333					Trans	sact	ion ID	):	SB21B.	718	5	
	PAC DIRECT RESPONSE FUNDRAISING		C	03			Amoun	it of	Each	D	isburse	men	t this	Period
	Candidate Name CONSERVATIVE MAJORITY FUN		Cate		ry/		<b>—</b>						2725.	30
		ment For:	1	ype		_		mo	ltem		7			
	Senate President	Primary General Other (specify)							item					
	State: District: Full Name (Last, First, Middle Initial)													
В.							Date o	_	sburse			Ý	Y	Y
	Mailing Address						<u> </u>		L	_	1		_	
	City State Zip Code													
	Purpose of Disbursement						Amoun	t of	Fach	П	ishursa	mon	t thic	Period
	Candidate Name			tegory/ Type			Amount of Each Disbursement this Period							
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	Mem					Memo Item						
	State: District:													
C.	Full Name (Last, First, Middle Initial)						Date o		sburse				Ý	¥.
	Mailing Address							′						T
	City	State Zip Code				+								
	Purpose of Disbursement					-	Amoun	t of	Each		lichurco	mon	t thic	Pariod
	Candidate Name		Cate	egoi ype			Amoun		Lach		lisburse	nen	t triis	-enou
	Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) ▼					Me	mo l	ltem					
6	UBTOTAL of Disbursements This Page (optional)				<u> </u>		<b></b>		-			-	2725.	30
$\vdash$	OTAL This Period (last page this line number only)								,			1	2578.	56

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 15 OF 46								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 23 24 25 X 26							
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used	d by any perso l committee to	28a     28b     28c     29     30b       on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
CONSERVATIVE MAJORITY FUN	D									
Full Name (Last, First, Middle Initial)  A. SCOTT B MACKENZIE			Date of Disbursement							
Mailing Address 2776 S ARLINGTON MILL DR			M M / D D / Y Y Y Y 03 23 2016							
City S ARLINGTON	State Zip Code VA 22206		Transaction ID : SB26.9211							
Purpose of Disbursement		009	Amount of Each Disbursement this Period							
Candidate Name			Amount of Each Disbursement this Fellou							
CONSERVATIVE MAJORITY FUN	D	Category/ Type	300.00							
	nent For: Primary General Other (specify) ▼		Memo Item							
Full Name (Last, First, Middle Initial)										
В.			Date of Disbursement							
Mailing Address										
City S	State Zip Code									
Purpose of Disbursement			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type								
	nent For: Primary General Other (specify) v		Memo Item							
State: District:										
Full Name (Last, First, Middle Initial)			Date of Disbursement							
Mailing Address										
City S	State Zip Code									
Purpose of Disbursement										
Candidate Name		Category/ Type	Amount of Each Disbursement this Period							
	nent For: Primary General Other (specify) ▼		Memo Item							
SUBTOTAL of Disbursements This Page (optional)		····· <b>b</b>	300.00							
TOTAL This Period (last page this line number only).			300.00							

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#### SCHEDULE C (FEC Form 3X) OF 46 PAGE 16 Use separate schedule(s) LOANS for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7128 CONSERVATIVE MAJORITY FUND LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item SCOTT B MACKENZIE Primary General Mailing Address 2776 S ARLINGTON MILL DR Other (specify) ZIP Code 22206 City ARLINGTON State VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 800.00 0.00 800.00 7 18. 18 TERMS Date Incurred Date Due Interest Rate Secured: Μ D D 0.00 09 2015 UPON 03 Yes 🗙 No % (apr) REQUEST List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City ZIP Code State Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code City State Guaranteed Outstanding: 800.00 SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only)......

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### SCHEDULE C (FEC Form 3X) OF 46 PAGE 17 Use separate schedule(s) LOANS for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) Transaction ID : SC/10.9199 CONSERVATIVE MAJORITY FUND LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item SCOTT B MACKENZIE Primary General Mailing Address 2776 S ARLINGTON MILL DR Other (specify) ZIP Code 22206 City ARLINGTON State VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 0.00 300.00 300.00 \_\_\_\_\_ 7 18. 7 TERMS Date Incurred Date Due Interest Rate Secured: Μ D D 0.00 22 2016 UPON 01 Yes 🗙 No **%** (apr) REQUEST List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City ZIP Code State Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code City State Guaranteed Outstanding: 0.00 SUBTOTALS This Period This Page (optional)..... 800.00 TOTALS This Period (last page in this line only)......

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

116	EMIZED INDEPENDENT EXPEND	MURES			PAGE 18 OF 46 FOR LINE 24 OF FORM 3X						
					FEC IDENTIFICATION NUMBER ▼						
	ONSERVATIVE MAJORITY	FUND			C C00524454						
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on							
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗙 Memo It	em Dat	te of Public Distribution/Dissemination						
	Mailing Address 325 SPRINSIDE DRIVE	 E		Am	02         01         2016           Amount						
	City	Zip Code		50000.00							
	AKRON	State OH	44333		Transaction ID : SE.4108 Date of Disbursement or Obligation						
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVE	RAL DAYS	Category/ Type 004		02 / Y Y Y Y 02 01 / 2016						
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00						
	RAFAEL EDWARD 'TED' CRUZ		Oppose	X Pres	sident Senate State: SC						
	Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2016	nent For: X Primary General Other (specify) ►						
	Full Name of Payee		Memo Ite	em Dat	ate of Public Distribution/Dissemination						
	INFOCISION MANAGEMEN		11 16 2015								
	Mailing Address 325 SPRINSIDE DRIVE	 E		Am	nount						
	City	State	Zip Code		524.48						
	AKRON	ОН	44333		nsaction ID : SE.7129 ate of Disbursement or Obligation						
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016						
	Name of Federal Candidate		Support	Office Sou	ought: House District: 00						
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: AL						
	Calendar Year-To-Date Per Election for Office Sought		524.48	Disbursem 2016	nent For: Primary						
	(a) SUBTOTAL of Itemized Independent	Expenditures			524.48						
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized									
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 14 2016						
	Signature										

# SCHEDULE E (FEC Form 3X)

ITE	EMIZED INDEPENDENT EXPEND	TURES			PAGE 19 OF 46 FOR LINE 24 OF FORM 3X	
					FEC IDENTIFICATION NUMBER ▼	-
	ONSERVATIVE MAJORITY I	-UND			C C00524454	
Ch	eck if 24-hour report 48-hour re	eport New rep	ort Amends rep	ort filed on		_
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP	🗌 Memo I	tem Dat	te of Public Distribution/Dissemination	
	Mailing Address 325 SPRINSIDE DRIVE			Am	nount	
	City	State	Zip Code		76.24	1
	AKRON	OH	44333		saction ID : SE.7131 te of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 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: <u>AK</u>	
	Calendar Year-To-Date Per Election for Office Sought		76.24	Disbursem 2016	nent For: Primary	_
	Full Name of Payee		Memo It	em Dat	ate of Public Distribution/Dissemination	-
			11 / D D / Y Y Y Y 12015	Ĺ		
	Mailing Address 325 SPRINSIDE DRIVE			Am	nount	
	City	State	Zip Code		693.12	1
	AKRON	OH	44333		nsaction ID : SE.7132 ate of Disbursement or Obligation	Ì
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y 2016	
	Name of Federal Candidate		Support	Office Sou	ught: House District: 00	_
	HILLARY RODHAM CLINTON		X Oppose	X Pres	esident Senate State: AZ	-
	Calendar Year-To-Date Per Election for Office Sought		693.12	Disbursem 2016	nent For: Primary X General	-
	(a) SUBTOTAL of Itemized Independent E	xpenditures			769.36	
	(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, ar party committee) any political party commit	y candidate or authorized				
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04	/ D D / Y Y Y Y 14 2016	
	Signature					

116	MIZED INDEPENDENT EXPEND	MURES				PAGE 20 FOR LINE 24	OF 46 4 OF FORM 3X				
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATIO	N NUMBER 🔻				
	ONSERVATIVE MAJORITY	FUND			С	C00524454					
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	M = M		Y Y Y Y Y				
	Full Name of Payee INFOCISION MANAGEMENT (	ORP	Memo It	tem Da		lic Distribution/E					
					<sup>M</sup> 11	16	2015				
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Ar	Amount						
	City	State	Zip Code				317.85				
	AKRON	ОН	44333			D: SE.7133 oursement or O	bligation				
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		<sup>M</sup> 02	/ <b>12</b> /	2016				
	Name of Federal Candidate		Support	Office So	ught:	House [	District: 00				
	HILLARY RODHAM CLINTON		X Oppose	X Pre	sident	Senate	State: AR				
	Calendar Year-To-Date		317.85	Disburser 2016	ment For:	Primary	X General				
	Per Election for Office Sought		317.00		Other (s	pecify) 🕨					
	Full Name of Payee INFOCISION MANAGEMEN	TCORP	Memo Ite	em Da		lic Distribution/I					
		<sup>M</sup> 11	16 <sup>//</sup>	2015							
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		A	mount						
	City	State	Zip Code	— Г			4055.33				
	AKRON	ОН	44333			D:SE.7134 Dursement or O	bligation				
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02	/ D D / 12	2016				
	Nome of Foderal Condidate										
	Name of Federal Candidate HILLARY RODHAM CLINTON		Support	Office So		House [	District: 00				
			X Oppose		esident	Senate	State: <u>CA</u>				
	Calendar Year-To-Date Per Election for Office Sought		4055.33	Disburse 2016	ment For:	Primary	X General				
		, , , , , , , , , , , , , , , , , , , ,			_ Other (s	specify) 🕨					
	(a) SUBTOTAL of Itemized Independent	Expenditures		• •			4373.18				
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		••	7						
	(c) TOTAL Independent Expenditures			. <b>.</b> .							
	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 MACKENZIE			M BA	/ D D	/	Y				
	Signature	[Electron	<i>nically Filed]</i> Date	04	14	2016					
	oignature						-				

116	EMIZED INDEPENDENT EXPEND	JITURES			PAGE 21 OF 46 FOR LINE 24 OF FORM 3X					
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V					
		FUND			C C00524454					
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on						
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	🗌 Memo It	tem Da	te of Public Distribution/Dissemination					
	Mailing Address 325 SPRINSIDE DRIVE	E		An	11 16 2015 nount					
	City	— Г	554.61							
	AKRON	State OH	Zip Code 44333		Transaction ID : SE.7135 Date of Disbursement or Obligation					
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 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		554.61	Disbursen 2016	nent For: Primary  X General Other (specify) ►					
	Full Name of Payee		Memo Ite	em Da	ate of Public Distribution/Dissemination					
	Mailing Address 325 SPRINSIDE DRIVE	Ē		An	11 16 2015 nount					
	City	State	Zip Code	- I F	396.32					
	AKRON	ОН	44333		nsaction ID : SE.7136 ate of Disbursement or Obligation					
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016					
	Name of Federal Candidate		Support	Office So	ught: House District: 00					
	HILLARY RODHAM CLINTON		X Oppose		sident Senate State: CT					
	Calendar Year-To-Date Per Election for Office Sought		396.32	Disburser 2016	nent For: Primary   X General ] Other (specify) ►					
	(a) SUBTOTAL of Itemized Independent	Expenditures			950.93					
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized								
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 14 2016					
	Signature									

116	MIZED INDEPENDENT EXPEND	JITURES				PAGE 22 FOR LINE 2	OF 46 24 OF FORM 3X		
	ME OF COMMITTEE (In Full)				FEC I		ON NUMBER V		
	ONSERVATIVE MAJORITY	FUND			С	C00524454			
				_					
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo		Л М		Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	Date	of Publi	ic Distribution,	Dissemination		
	Mailing Address 325 SPRINSIDE DRIV	E		Amou		10	2015		
	City	State	Zip Code		100.2				
	AKRON	44333			D : SE.7137 ursement or (				
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004		02	/ D D / 12	2016			
	Name of Federal Candidate		Support	Office Soug	nt:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate	State:		
	Calendar Year-To-Date Per Election for Office Sought		100.24	Disbursemen 2016		Primary pecify) ►	General		
	Full Name of Payee		Memo Ite				/Dissemination		
	INFOCISION MANAGEMEN	- I F	11 <sup>M</sup>	/ 0 0 /	Y Y Y Y 2015				
	Mailing Address 325 SPRINSIDE DRIV	E		Amo	_		2010		
	City	State	Zip Code				2149.41		
	AKRON	ОН	44333		Transaction ID : SE.7138 Date of Disbursement or Oblin				
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		<sup>M</sup> 02	/ <sup>D</sup> 12 /	2016 Y		
	Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent [	Senate	State:FL		
	Calendar Year-To-Date Per Election for Office Sought		2149.41	Disburseme 2016		Primary pecify) ►	General		
	(a) SUBTOTAL of Itemized Independent	Expenditures					2249.65		
	(b) SUBTOTAL of Unitemized Independe	ent 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 MACKENZIE	[Electron	nically Filed] Date	04 /	D D D 14	/ Y Y 201	ү ү 6		
	Signature				<u> </u>				

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 23 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo I	tem Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Amo	11 16 2015 Dunt
	City	State	Zip Code		1045.28
	AKRON	OH	44333		saction ID : SE.7139 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M = M / D = D / Y = Y = Y 02 / 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1045.28	Disburseme 2016	ent For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMEN Mailing Address	em Date	e of Public Distribution/Dissemination		
	325 SPRINSIDE DRIVI	Ξ		Amo	ount
	City AKRON	State OH	Zip Code 44333		152.71 saction ID : SE.7140
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	Date	e of Disbursement or Obligation 02 / 12 / 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident Senate State: <u>HI</u>
	Calendar Year-To-Date Per Election for Office Sought		152.71	Disbursem 2016	ent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent	Expenditures			1197.99
					· · · · · · · · · · · ·
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	04	/ D D / Y Y Y Y 14 2016
	Signature				

116	MIZED INDEPENDENT EXPEN	JITURES				FOR LINE 2	OF 46 4 OF FORM 3X		
	ME OF COMMITTEE (In Full)				FEC I		ON NUMBER V		
	ONSERVATIVE MAJORITY	FUND			С	C00524454			
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo		M = M		Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT (	CORP	Memo It	Date	of Publ	/ D D /	Dissemination		
	Mailing Address 325 SPRINSIDE DRIV	E		Amo	_	16	2015		
	City	Zip Code				165.08			
	AKRON	44333			D : SE.7141 ursement or C				
	Purpose of Expenditure VOTER CONTACT	Category/ Type 004		02 <sup>M</sup>	/ 12 /	2016			
	Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent	Senate	State:ID		
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	165.08	Disburseme		Primary pecify) ►	X General		
	Full Name of Payee		Memo Ite				Dissemination		
	INFOCISION MANAGEMEN	- I I	<sup>M</sup> 11	/ D D / 16	Y Y Y Y 2015				
	Mailing Address 325 SPRINSIDE DRIV	E		Amo	_	10	2010		
	City	State	Zip Code				1394.28		
	AKRON	ОН	44333		Transaction ID : SE.7142 Date of Disbursement or Ob				
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02	/ 12 /	2016		
	Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent [	Senate	State:IL		
	Calendar Year-To-Date Per Election for Office Sought		1394.28	Disburseme		Primary pecify) ►	General		
	(a) SUBTOTAL of Itemized Independent	Expenditures					1559.36		
					-7-	-7-			
	(b) SUBTOTAL of Uniternized Independe	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 MACKENZIE	[Electro	nically Filed]	04 /	14	/ 201	ү ү 6		
	Signature		Date						

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 25 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	Memo I	tem Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	E		Amo	11 16 2015 punt
	City	State	Zip Code		701.95
	AKRON	OH	44333		action ID : SE.7143 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	701.95	Disburseme 2016	ent For: Primary  X General Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP	🗌 Memo Ite	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	E		Amo	punt
	City	State	Zip Code		333.61
	AKRON Purpose of Expenditure	ОН	44333		saction ID : SE.7144 e of Disbursement or Obligation
	VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought		333.61	Disburseme 2016	ent For: Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures			1035.56
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04	14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 26 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	Memo It	Duio	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amou	11 16 2015 unt
	City	State	Zip Code		306.41
	AKRON	OH	44333		action ID : SE.7145 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presic	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	306.41	Disbursemen 2016	nt For: Primary X General
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP	🗌 Memo Ite	Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	unt
	City	State	Zip Code		477.79
	AKRON Purpose of Expenditure	ОН	44333		action ID : SE.7146 of Disbursement or Obligation
	VOTER CONTACT		Category/ Type 004		02 / 12 / 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent Senate State: KY
	Calendar Year-To-Date Per Election for Office Sought		477.79	Disburseme 2016	nt For: Primary X General
	(a) SUBTOTAL of Itemized Independent	Expenditures			784.20
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04 /	14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 27 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
U	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	Memo It	Duie	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Amou	11 16 2015 unt
	City	State	Zip Code		493.24
	AKRON	OH	44333		action ID : SE.7147 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presic	
	Calendar Year-To-Date Per Election for Office Sought		493.24	Disbursemen 2016	nt For: Primary  X General Dther (specify) ►
	Full Name of Payee	IT CORP	🗌 Memo Ite	Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	
	City	State	Zip Code		151.11
	AKRON	ОН	44333		action ID : SE.7148 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	151.11	Disburseme 2016	nt For: Primary X General
		E en en d'heren			
	(a) SUBTOTAL of Itemized Independent	Experialities			644.35
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04 /	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

116	EMIZED INDEPENDENT EXPEND	<b>ITURES</b>			PAGE 28 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND		С	C00524454
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 M	blic Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	 E		11 Amount	16 2015
		Ctata	Zin Codo		620 50
	City AKRON	State OH	Zip Code 44333		639.50 ID : SE.7149 bursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	02	/ 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: <u>MD</u>
	Calendar Year-To-Date Per Election for Office Sought		639.50	Disbursement For: 2016 Other (	Primary X General
	Full Name of Payee INFOCISION MANAGEMEN Mailing Address 325 SPRINSIDE DRIVE		🗌 Memo Ite	m Date of Pu	blic Distribution/Dissemination
		-		Amount	
	City AKRON	State OH	Zip Code 44333		739.51 ID : SE.7150 sbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		/ 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: MA
	Calendar Year-To-Date Per Election for Office Sought		739.51	Disbursement For 2016 Other	: Primary X General
	(a) SUBTOTAL of Itemized Independent I	Expenditures		•	1379.01
	(b) SUBTOTAL of Uniternized Independer	nt Expenditures			
					p
	(c) TOTAL Independent Expenditures			•	<u>+</u> + + <del>+</del> + + + + + + + + + + + + + + + +
	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 MACKENZIE	[Electron	nically Filed] Date	04 / D	2016
	Signature				

# SCHEDULE E (FEC Form 3X)

ITE	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 29 OF FOR LINE 24 OF F	46 ORM 3X
					FEC IDENTIFICATION NUM	IBER 🔻
C	ONSERVATIVE MAJORITY	FUND			C C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y	YY
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo I	tem Date		YY
	Mailing Address 325 SPRINSIDE DRIVE	 :		Ame	11 16 20 punt	015
	City	State	Zip Code		108	1.67
	AKRON	ОН	44333		saction ID : SE.7151 e of Disbursement or Obligatio	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004			916 Y
	Name of Federal Candidate		Support	Office Sou	ght: House District:	00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	ident Senate State:	MI
	Calendar Year-To-Date Per Election for Office Sought		1081.67	Disbursem 2016	ent For: Primary X Other (specify) ►	General
	Full Name of Payee		Memo Ite	em Dat	e of Public Distribution/Dissem	ination
		T CORP				)15 )
	Mailing Address 325 SPRINSIDE DRIVE	:		Am	ount	
	City	State	Zip Code		58	0.38
	AKRON	ОН	44333		saction ID : SE.7152 e of Disbursement or Obligatio	n
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004			016
	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		580.38	Disbursem	ent For: Primary X Other (specify) ►	General
	(a) SUBTOTAL of Itemized Independent	Expenditures			1662	2.05
	(b) SUBTOTAL of Uniternized Independer	nt 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 comm	ny candidate or authorized				
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04	/ D D / Y Y Y Y 14 2016	
	Signature					

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 30 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C		FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	Memo I	tem Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	11 16 2015 unt
	City	State	Zip Code		317.96
	AKRON	OH	44333		action ID : SE.7153 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	317.96	Disburseme	ent For: Primary  X General Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP	🗌 Memo Ite	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	
	City	State	Zip Code		656.19
	AKRON Purpose of Expenditure	OH	44333		ection ID: SE.7154 of Disbursement or Obligation
	VOTER CONTACT		Category/ Type 004		02 / 12 / 2016
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate State: MO
	Calendar Year-To-Date Per Election for Office Sought		656.19	Disburseme 2016	ent For: Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures			974.15
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures			1 49 1 1 49 1 1 49 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04 /	14 / Y Y Y Y 14 2016
	Signature				

116	EMIZED INDEPENDENT EXPEND	JITURES			PAGE 31 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
		FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	tem Da	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	E		Ar	11 16 2015 Amount
	City	State	Zip Code	— Г	110.71
	AKRON	OH	44333		ansaction ID : SE.7155 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M / D D / Y Y Y Y 02 / 12 / 2016
	Name of Federal Candidate		Support	Office Sc	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	resident Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	110.71	Disburser 2016	ement For: Primary X General Other (specify) ►
	Full Name of Payee		Memo Ite	em Di	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMEN	TCORP			11 16 <u>2015</u>
	Mailing Address 325 SPRINSIDE DRIVE	E		A	11 16 2015 Amount
	City	State	Zip Code	— Г	197.28
	AKRON	ОН	44333		ansaction ID : SE.7156 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office So	Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose		resident Senate State: NE
	Calendar Year-To-Date Per Election for Office Sought		197.28	Disburse 2016	ement For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent	Expenditures			307.99
				_	
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 32 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C		FUND			<b>C</b> C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	M	f Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	Ξ		Amour	11 16 2015 nt
	City	State	Zip Code		293.88
	AKRON	OH	44333		ction ID : SE.7157 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	02 / D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt Senate State: <u>NV</u>
	Calendar Year-To-Date Per Election for Office Sought		293.88	Disbursement 2016	For: Primary X General her (specify) ►
	Full Name of Payee	IT CORP	🗌 Memo Ite	Date e	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	Ξ		Amour	nt
	City	State	Zip Code		148.15
	AKRON	OH	44333		ction ID : SE.7158 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	M	02 <sup>M</sup> / <sup>D</sup> 12 <sup>J</sup> / <sup>Y</sup> 2016
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State: <u>NH</u>
	Calendar Year-To-Date Per Election for Office Sought		148.15	Disbursement 2016	t For: Primary X General
	(a) SUBTOTAL of Itemized Independent	Eveneditures			442.02
	(a) SUBTOTAL of Itemized Independent	Experialitales			442.03
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	, 04 /	14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	DITURES				PAGE 33 FOR LINE 24	OF 46 4 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC II	L DENTIFICATIO	N NUMBER 🔻
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if24-hour report48-hour	report New rep	port Amends repo		M	/ D D /	Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT (	CORP	Memo I	Date	/ M	c Distribution/[	Y Y Y Y Y
	Mailing Address 325 SPRINSIDE DRIV	Ξ		Amou	11 Int	16	2015
		Charles	Zin Onda				007.00
	City AKRON	State OH	Zip Code 44333			D : SE.7159 ursement or O	967.23
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02	/ D D / 12	2016 Y
	Name of Federal Candidate		Support	Office Sough	nt:	House [	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate	State:NJ
	Calendar Year-To-Date Per Election for Office Sought		967.23	Disbursemer 2016		Primary Decify) ►	X General
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	Memo Ite	Date	of Publi 11	ic Distribution/I	Dissemination Y Y Y Y 2015
	Mailing Address 325 SPRINSIDE DRIV	Ξ		Amou	ınt		
	City	State	Zip Code				223.00
	AKRON Purpose of Expenditure	ОН	44333			D: SE.7160 ursement or O	bligation
	VOTER CONTACT		Category/ Type 004		02	/ 12 /	2016 Y
	Name of Federal Candidate		Support	Office Sough	nt:	House [	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate	State: <u>NM</u>
	Calendar Year-To-Date Per Election for Office Sought		223.00	Disbursemer 2016		Primary	K General
	(a) SUBTOTAL of Itemized Independent	Expenditures					1190.23
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures					
						<b>7</b>	
	(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	any candidate or authorize					
	SCOTT MACKENZIE	[Electro:	nically Filed] Date	04 /	D D D 14	/ 2016	
	Signature						

116	MIZED INDEPENDENT EXPEND	JITURES			PAGE 34 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	CORP	Memo I	tem Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	11 16 2015 punt
	City	State	Zip Code		2165.97
	AKRON	OH	44333		action ID : SE.7161 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 2016
	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		2165.97	Disburseme 2016	ent For: Primary  X General Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP	🗌 Memo Ite	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	E		Amo	punt
	City	State	Zip Code		1051.48
	AKRON	OH	44333		saction ID : SE.7162 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1051.48	Disburseme 2016	ent For: Primary X General Other (specify)
	(a) SUBTOTAL of Itemized Independent	Expenditures			3217.45
	(b) SUBTOTAL of Uniternized Independe	nt Expanditures			
	(b) SUBTOTAL OF Oniternized independe			· • L	
	(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	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04	14 2016
	Signature				

ITE	MIZED INDEPENDENT EXPENI	DITURES			PAGE 35 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER V
С	ONSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	oort Amends repo	ort filed on	M / D D / Y P Y P Y
	Full Name of Payee INFOCISION MANAGEMENT (	CORP	🗌 Memo It	M	Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIV	E		1	1 16 2015
	<b>C</b> <sup>1</sup>		7: 0 1		70.00
	City AKRON	State OH	Zip Code 44333		tion ID : SE.7163 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004	М	2 / D D / Y Y Y Y 2 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presiden	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	76.02	Disbursement 2016 Oth	For: Primary X General
	Full Name of Payee		🗌 Memo Ite	m Date of	Public Distribution/Dissemination
	INFOCISION MANAGEMEN	IT CORP			
	Mailing Address 325 SPRINSIDE DRIV	E		Amount	11 16 2015 t
	City	State	Zip Code		1263.10
	AKRON	ОН	44333		tion ID : SE.7164
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 / 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		1263.10	Disbursement 2016	For: Primary X General ner (specify) ▶
	(a) SUBTOTAL of Itemized Independent	Expenditures			1339.12
		·			-1717
	(b) SUBTOTAL of Uniternized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	04 /	14 / Y Y Y Y Y 14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	MURES			PAGE 36 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
U	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo I	tem Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	E		Amo	11 16 2015 unt
	City	State	Zip Code		407.44
	AKRON	OH	44333		action ID : SE.7165 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	
	Calendar Year-To-Date Per Election for Office Sought		407.44	Disburseme 2016	nt For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMEN	T CORP	🗌 Memo Ite	em Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	 E		Amo	
	City	State	Zip Code		429.23
	AKRON	ОН	44333		action ID : SE.7166 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate State: OR
	Calendar Year-To-Date Per Election for Office Sought		429.23	Disburseme 2016	ent For: Primary
	(a) SUBTOTAL of Itemized Independent	Expenditures			836.67
	(-,				+ + +
	(b) SUBTOTAL of Uniternized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04 /	14 / Y Y Y Y
	Signature				

116	EMIZED INDEPENDENT EXPEND	JIURES			PAGE 37 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
		FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	tem Da	ate of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	E		Ar	11 16 2015 mount
	City	Ctoto	Zin Codo	I E	1121.22
	City AKRON	State OH	Zip Code 44333		1424.33 nsaction ID : SE.7167 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M M / D D / Y Y Y Y 02 12 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1424.33	Disburser 2016	ment For: Primary X General
	Full Name of Payee		Memo Ite	em Da	ate of Public Distribution/Dissemination
	INFOCISION MANAGEMEN	T CORP			11 16 2015
	Mailing Address 325 SPRINSIDE DRIVE	 E		Ar	11 16 2015 mount
	City	State	Zip Code	— Г	118.69
	AKRON	ОН	44333		ansaction ID : SE.7168 ate of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office So	ought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pre	esident Senate State:
	Calendar Year-To-Date Per Election for Office Sought		118.69	Disburser 2016	ment For: Primary  X General ] Other (specify) ►
	(a) SUBTOTAL of Itemized Independent	Expenditures			1543.02
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04	/ D D / Y Y Y Y 14 2016
	Signature				

116	EMIZED INDEPENDENT EXPEND	JITURES			PAGE 38 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C		FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	tem Date	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Amo	11 16 2015 Dunt
	City	State	Zip Code		513.51
	AKRON	OH	44333		saction ID : SE.7169 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M = M / D = D / Y + Y + Y = Y 02 12 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Pres	
	Calendar Year-To-Date Per Election for Office Sought		513.51	Disbursem 2016	ent For: Primary X General Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMEN	IT CORP	🗌 Memo Ite	em Dat	e of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Am	ount
	City	State	Zip Code		88.60
	AKRON	ОН	44333		saction ID : SE.7170 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / 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: SD
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	88.60	Disbursem 2016	ent For: Primary X General Other (specify) ►
		E se an d'hanne a			200.44
	(a) SUBTOTAL of Itemized Independent	Expenditures		·· • L	602.11
	(b) SUBTOTAL of Unitemized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed] Date	e 04	/ D D / Y Y Y Y 14 2016
	Signature				

ITE	MIZED INDEPENDENT EXPEND	DITURES			-	39 OF 46 E 24 OF FORM 3X
	ME OF COMMITTEE (In Full)					ATION NUMBER 🔻
С	ONSERVATIVE MAJORITY	FUND			<b>C</b> C0052445	4
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo		M = M / D = D	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	of Public Distributi	/ Y Y Y Y
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Amou	11 16 unt	2015
	City	State	Zip Code			700.80
	AKRON	OH	44333		action ID : SE.717 of Disbursement of	1
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D 12	/ <u>2016</u>
	Name of Federal Candidate		Support	Office Soug	ht: House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presic		
	Calendar Year-To-Date Per Election for Office Sought		700.80	Disbursemen 2016	nt For: Prim Dther (specify) ► _	ary 🗙 General
	Full Name of Payee		Memo Ite	em Date	of Public Distribut	ion/Dissemination
	INFOCISION MANAGEMEN	TCORP		- I r		/ Y Y Y Y
	Mailing Address 325 SPRINSIDE DRIVI	Ξ		Amo	11 16 unt	2015
	City	State	Zip Code			2670.36
	AKRON	ОН	44333		action ID : SE.717 of Disbursement of	
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12	/ 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		2670.36	Disburseme	nt For: Prim Other (specify) ▶ _	nary 🗙 General
	(a) SUBTOTAL of Itemized Independent	Expenditures				3371.16
	(b) SUBTOTAL of Unitemized Independe	nt Expenditures		• •		<u></u>
	(c) TOTAL Independent Expenditures			•		7- I7- I
	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 MACKENZIE	[Electron	nically Filed] Date	, 04 /		2016
	Signature					

116	EMIZED INDEPENDENT EXPEND	ITURES			PAGE 40 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo Ite	em Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE			Amou	11 16 2015 nt
	City	State	Zin Codo		276.38
	City AKRON	OH	Zip Code 44333		ction ID : SE.7173 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D / Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	
	Calendar Year-To-Date Per Election for Office Sought		276.38	Disbursemen 2016	tt For: Primary X General
	Full Name of Payee INFOCISION MANAGEMEN Mailing Address 325 SPRINSIDE DRIVE		🗌 Memo Ite	Date	of Public Distribution/Dissemination
	City	State	Zip Code		71.41
	AKRON	ОН	44333		of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / 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: VT
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	71.41	Disbursemer 2016	nt For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent I	Expenditures		•	347.79
	(b) SUBTOTAL of Uniternized Independent	nt 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 comm	iny candidate or authorized			
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04 /	14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	IIURES			PAGE 41 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
U	UNSERVATIVE MAJORIT	FUND			C C00524454
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends rep	ort filed	on /
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo	ltem	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE				11 16 2015 Amount
	City	State	Zip Code		890.84
	AKRON	OH	44333	1	Transaction ID : SE.7175 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		M 02 / 12 / Y Y Y Y 
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X	President Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought		890.84	Disbur 2016	rsement For: Primary X General Other (specify) ▶
	Full Name of Payee INFOCISION MANAGEMEN	Г CORP	🗌 Memo It	tem	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE				Amount
	City	State	Zip Code		748.90
	AKRON	ОН	44333		Transaction ID : SE.7176 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 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		748.90	Disbur 2016	rsement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent E	Expenditures		🕨	1639.74
	(b) SUBTOTAL of Unitemized Independen	It Expenditures		▶	
	(c) TOTAL Independent Expenditures			▶	
,		ny candidate or authorized			de in cooperation, consultation, or concert , or (if the reporting entity is not a political
	SCOTT MACKENZIE	[Electron	nically Filed] Dat	te 04	M / D D / Y Y Y Y 4 14 2016
	Signature				

116	MIZED INDEPENDENT EXPEND	MURES			PAGE 42 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
U	UNSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour	report New rep	ort Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo I	Duio	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	Ξ		Amo	11 16 2015 unt
	City	State	Zip Code		209.84
	AKRON	OH	44333		action ID : SE.7177 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / 2016
	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	
	Calendar Year-To-Date Per Election for Office Sought		209.84	Disburseme 2016	nt For: Primary  X General Other (specify) ►
	Full Name of Payee	T CORP	🗌 Memo Ite	em Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	Ξ		Amo	
	City	State	Zip Code		625.79
	AKRON	ОН	44333		action ID : SE.7178 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / D D / 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: WI
	Calendar Year-To-Date Per Election for Office Sought		625.79	Disburseme 2016	ent For: Primary X General
	(a) SUBTOTAL of Itemized Independent	Expondituros			835.63
					7 7 7
	(b) SUBTOTAL of Uniternized Independe	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	ically Filed]	e 04 /	14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

116	EMIZED INDEPENDENT EXPEND	<b>MIURES</b>			PAGE 43 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY	FUND			C C00524454
Ch	eck if 24-hour report 48-hour r	report New rep	port Amends repo		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	🗌 Memo It	em Date	of Public Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE	 E		Amo	11 16 2015
	City	Stata	Zin Codo		61.92
	City AKRON	State OH	Zip Code 44333		61.82 action ID : SE.7179 e of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		02 / 12 / 2016
	Name of Federal Candidate		Support	Office Soug	yht: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	
	Calendar Year-To-Date Per Election for Office Sought		61.82	Disburseme	ent For: Primary  X General Other (specify) ►
	Full Name of Payee INFOCISION MANAGEMEN Mailing Address		🗌 Memo Ite	m Date	e of Public Distribution/Dissemination
	325 SPRINSIDE DRIVE	<u>:</u>		Amo	punt
	City	State	Zip Code		73.15
	AKRON Purpose of Expenditure	OH	44333		saction ID : SE.7180 e of Disbursement or Obligation
	VOTER CONTACT		Category/ Type 004		02 / 12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presi	dent Senate State: DC
	Calendar Year-To-Date Per Election for Office Sought	7 7 7	73.15	Disburseme 2016	ent For: Primary X General Other (specify) ►
	(a) SUBTOTAL of Itemized Independent I	Expenditures			134.97
	(.,	- F			
	(b) SUBTOTAL of Uniternized Independent	nt 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 comm	any candidate or authorized			
	SCOTT MACKENZIE	[Electron	nically Filed] Date	04	14 2016
	Signature				

ITEMIZED INDEPENDENT EXPENDITORES	PAGE 44 OF 46 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full) FEC	IDENTIFICATION NUMBER V
CONSERVATIVE MAJORITY FUND	C00524454
	/ D D / Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee     Memo Item     Date of Pub       INFOCISION MANAGEMENT CORP     Memo Item	lic Distribution/Dissemination
02	01 2016
325 SPRINSIDE DRIVE Amount	
City State Zip Code	15000.00
	ID : SE.4107 oursement or Obligation
Purpose of Expenditure     Category/       VOTER CONTACT CALLS OVER NINE DAYS     004	/ D D / Y Y Y Y 07 2016
Name of Federal Candidate	House District: 00
RAFAEL EDWARD 'TED' CRUZ	Senate State: <u>NH</u>
Calendar Year-To-Date Disbursement For: 2016	Primary General
	specify)
INFOCISION MANAGEMENT CORP	blic Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE	01 2016
Amount	
City State Zip Code	15000.00
AKRON OH 44333 Transaction Date of Dis	ID : SE.7181 bursement or Obligation
Purpose of Expenditure VOTER CONTACTCategory/ Type00403	/ D D / Y Y Y Y 07 2016
Name of Federal Candidate Support Office Sought:	House District: 00
RAFAEL EDWARD 'TED' CRUZ   Oppose   Yeresident	Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	Primary   General     specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(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 cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
SCOTT MACKENZIE	
[Electronically Filed] Date 04 14	D / Y Y Y Y 2016

	EMIZED INDEPENDENT EXPEND	MURES				FOR LINE	OF 46 24 OF FORM 3X
	ME OF COMMITTEE (In Full)				FEC	IDENTIFICATI	ION NUMBER V
C	ONSERVATIVE MAJORITY	FUND			С	C00524454	
Ch	eck if 24-hour report 48-hour	report New rep	port Amends repo	ort filed or	n		Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT C	ORP	Memo It	em [	Date of Pub		n/Dissemination
	Mailing Address				02	/ 01 /	2016
	Mailing Address 325 SPRINSIDE DRIVE	Ξ		A	Amount		
	City	State	Zip Code				3462.08
	AKRON	OH	44333			D : SE.7182	Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		03	/ D D / 07	Y Y Y Y 2016
	Name of Federal Candidate		Support	Office S	ought:	House	District: 00
	RAFAEL EDWARD 'TED' CRUZ		Oppose		resident	Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	3462.08	Disburse 2016	ement For:	Primary	y General
	Full Name of Payee		Memo Ite	em [	Date of Pub	lic Distributior	n/Dissemination
	INFOCISION MANAGEMEN	TCORP			M M		2016
	Mailing Address 325 SPRINSIDE DRIVE				02	01	2016
		-		/ /	Amount		
	City	State	Zip Code				6831.08
	AKRON	ОН	44333			ID : SE.7183 bursement or	Obligation
	Purpose of Expenditure VOTER CONTACT		Category/ Type 004		03	/ D D /	2016
	Name of Federal Candidate						
	RAFAEL EDWARD 'TED' CRUZ		Support	Office S	-	House	District: 00
			Oppose		resident	Senate	State: <u>SC</u>
	Calendar Year-To-Date Per Election for Office Sought		10293.16	Disburs 2016	ement For:	Y Primar Specify) ►	y General
	(a) SUBTOTAL of Itemized Independent	Expenditures		• •			10293.16
		ut Europa dituna a					
	(b) SUBTOTAL of Unitemized Independe	ni Experioliures		••• L			
	(c) TOTAL Independent Expenditures			. <b>.</b> [			
					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 MACKENZIE				/		YY
		[Electron	<i>nically Filed]</i> Date	9 04	/ <sup>D</sup> 14	20	
	Signature						

116	MIZED INDEPENDENT EXPENDITORES			L 1	PAGE 46 OF 46 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full)		1	FEC ID	ENTIFICATION NUMBER V
C	ONSERVATIVE MAJORITY FUND			С	000524454
Ch	eck if 24-hour report 48-hour report New report	Amends repor		M /	
	Full Name of Payee INFOCISION MANAGEMENT CORP	Memo Ite	M	f Public	Distribution/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE		Amoun	<u>.</u>	2010
	City State Zip	o Code	_		13475.35
	AKRON OH 44	1333			: SE.7184 rsement or Obligation
	Purpose of Expenditure COTER CONTACT	Category/ Type 004		03 /	29 / Y Y Y Y 2016
	Name of Federal Candidate	X Support	Office Sought:	: [	House District: 00
	RAFAEL EDWARD 'TED' CRUZ	Oppose	X Presider		Senate State: <u>SC</u>
	Calendar Year-To-Date Per Election for Office Sought	23768.51	Disbursement 2016 Otl		➢ Primary General ecify) ►
	Full Name of Payee	Memo Iten	n Date o	f Public	Distribution/Dissemination
			M	- M /	D D / Y Y Y Y Y
	Mailing Address		Amoun		
			Amoun		
	City State Zip	p Code		,	
			Date o	f Disbu	rsement or Obligation
	Purpose of Expenditure C	Category/ Type	М	M /	
	Name of Federal Candidate	Support	Office Sought	:	House District:
		Oppose	Preside	nt	Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement		Primary General
	(a) SUBTOTAL of Itemized Independent Expenditures		•	-7-	13475.35
	(b) SUBTOTAL of Uniternized Independent Expenditures		•		
	(c) TOTAL Independent Expenditures		•	-7-	72680.69
	Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.				
	SCOTT MACKENZIE [Electronical	ly Filed]	04 /	D D 14	/ Y Y Y Y 2016
	Signature	Date			