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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	
	C C00566174
Check if 24-hour report 48-hour report New report Amends report fi	led on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISIÓN MANAGEMENT CORP	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DRIVE	Amount
City State Zip Code	150000.00
AKRON OH 44333	Transaction ID : SE.16968 Date of Disbursement or Obligation
Purpose of Expenditure PHONE BANK - VOTER CONTACT CALLS Category/ Type 004	07
Name of Federal Candidate Support Of	fice Sought: House District:00
TRUMP DONALD I	President Senate State:
Odichadi Ical Io Dalc	sbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Of	ffice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Di	sbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	150000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	150000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
MACKENZIE, SCOTT B, , , [Electronically Filed] Date	07
Signature	