



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**TEA PARTY MAJORITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		12237.51
(b) Cash on Hand at Beginning of Reporting Period.....	12237.51	
(c) Total Receipts (from Line 19) .....	620768.91	620768.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	633006.42	633006.42
7. Total Disbursements (from Line 31).....	598908.46	598908.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	34097.96	34097.96
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) .....	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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**TEA PARTY MAJORITY FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49643.00	49643.00
(ii) Unitemized .....	571125.91	571125.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	620768.91	620768.91
(b) Political Party Committees .....	0.00	0.00
(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) .....	620768.91	620768.91
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	620768.91	620768.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	620768.91	620768.91

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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 .....	140688.26	140688.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	140688.26	140688.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	458220.20	458220.20
30. Federal Election Activity (52 U.S.C. § 30101(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	598908.46	598908.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	598908.46	598908.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	620768.91	620768.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	620768.91	620768.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	140688.26	140688.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	140688.26	140688.26

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ALBERT 940, JERROLD, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 PARK RD

City REDWOOD CITY	State CA	Zip Code 94062
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ALTOS REPROGRAPHICS	Occupation (for Individual) RETAILER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2017

**Transaction ID : SA11AI.4362**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. ALEXANDER 431, CARL A, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5160 DURRETT RD

City ORIENT	State OH	Zip Code 43146
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2017

**Transaction ID : SA11AI.4392**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. ALEXANDER 431, CARL A, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5160 DURRETT RD

City ORIENT	State OH	Zip Code 43146
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2017

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ALFANO 105, ANNA, , MS,**  
Mailing Address 73 MOSEMAN AVE

City KATONAH	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SIEMENS HEALTHCARE		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 16 / 2017

**Transaction ID : SA11AI.4412**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. ALFANO 105, ANNA, , MS,**  
Mailing Address 73 MOSEMAN AVE

City KATONAH	State NY	Zip Code 10536
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SIEMENS HEALTHCARE		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 09 / 2017

**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. ALLEN 134, TOM T, , MR,**  
Mailing Address 3913 CIRCLE DR

City ONEIDA	State NY	Zip Code 13421
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) ONADOGA COUNTY		Occupation (for Individual) ADMINISTRATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2017

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ANDERSON 780, KURT, , MR,**  
Mailing Address 8656 WILLOW WIND DR

City BOERNE	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2017  
**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. ASSMAN 692, CHRIS, , MR,**  
Mailing Address 28698 SAGE RD

City VALENTINE	State NE	Zip Code 69201
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) AB INVESTIGATIONS		Occupation (for Individual) PRINCIPAL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2017  
**Transaction ID : SA11AI.4879**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. BAKER 042, EDWIN, , MR,**  
Mailing Address 31 CEDAR POINT RD

City WAYNE	State ME	Zip Code 04284
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 24 / 2017  
**Transaction ID : SA11AI.5039**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BARFIELD 775, SHERRIE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2106 N PALM CT  
 City PASADENA State TX Zip Code 77502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 24 / 2017**  
**Transaction ID : SA11AI.5150**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. BARTLEY 773, ROBERT C, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10107 ELDERBERRY PARK LN  
 City TOMBALL State TX Zip Code 77375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 05 / 2017**  
**Transaction ID : SA11AI.5265**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. BARTLITT 801, JANA K, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 604 CLIFFGATE LN  
 City CASTLE ROCK State CO Zip Code 80108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOARDS OF BUSINESS Occupation (for Individual) SALES  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : SA11AI.5267**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BARTLITT 801, JANA K, , MS,**  
Mailing Address 604 CLIFFGATE LN

City CASTLE ROCK	State CO	Zip Code 80108
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) BOARDS OF BUSINESS		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>500.00</b>

Date of Receipt  
**03 / 14 / 2017**  
**Transaction ID : SA11AI.5268**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B. BARTLITT 801, JANA K, , MS,**  
Mailing Address 604 CLIFFGATE LN

City CASTLE ROCK	State CO	Zip Code 80108
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) BOARDS OF BUSINESS		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>800.00</b>

Date of Receipt  
**06 / 28 / 2017**  
**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**C. BAY 320, JAMES, , MR,**  
Mailing Address 252 BRIDGEPORT LN

City ELKTON	State FL	Zip Code 32033
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>250.00</b>

Date of Receipt  
**03 / 06 / 2017**  
**Transaction ID : SA11AI.5375**

Amount of Each Receipt this Period  
**250.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BEHAL 782, KATHLEEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 521 VENICE  
 City SAN ANTONIO State TX Zip Code 78201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2017  
**Transaction ID : SA11AI.5519**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. BELLAMY 925, DON, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4891 RIVERVIEW DR  
 City RIVERSIDE State CA Zip Code 92509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2017  
**Transaction ID : SA11AI.5565**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**C. BERGMAN 631, JAN F, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7356 CORNELL AVE  
 City SAINT LOUIS State MO Zip Code 63130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : SA11AI.5690**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BERRY 112, YVONNE R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE  
APT 5J

City BROOKLYN	State NY	Zip Code 11207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		01		2017

**Transaction ID : SA11AI.5720**

Amount of Each Receipt this Period  
125.00

Memo Item

**B. BERTRAM 762, CONNIE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1673 BARRINGTON HILLS BLVD

City BARTONVILLE	State TX	Zip Code 76226
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.5748**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. BICE 575, DONALD L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31629 277TH ST

City WINNER	State SD	Zip Code 57580
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

**Transaction ID : SA11AI.5812**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BOATSWAIN 112, VALARIE, , MS,**  
Mailing Address 1020 SCHENCK AVE

City BROOKLYN	State NY	Zip Code 11207
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2017

**Transaction ID : SA11AI.6124**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BRAULEY 410, JANE, , MS,**  
Mailing Address 683 SILVER LEDGE DR

City NEWPORT	State KY	Zip Code 41076
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2017

**Transaction ID : SA11AI.6608**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. BRAULEY 410, JANE, , MS,**  
Mailing Address 683 SILVER LEDGE DR

City NEWPORT	State KY	Zip Code 41076
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2017

**Transaction ID : SA11AI.6609**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BREWER 735, FRED R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 376

City ELGIN	State OK	Zip Code 73538
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BREWER SALES	Occupation (for Individual) PROPRIETOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2017

**Transaction ID : SA11AI.6678**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BROWN 380, CLIFFORD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 WILLIAM BLAYDES ST

City ATOKA	State TN	Zip Code 38004
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

**Transaction ID : SA11AI.6844**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. BROWN 380, CLIFFORD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 WILLIAM BLAYDES ST

City ATOKA	State TN	Zip Code 38004
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.6845**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BUDGICK 740, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12705 S 4230 RD

City CHELSEA	State OK	Zip Code 74016
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2017

**Transaction ID : SA11AI.7037**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. BURKE 765, DICK, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2116 E STAGECOACH RD

City KILLEEN	State TX	Zip Code 76542
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2017

**Transaction ID : SA11AI.7160**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CAMPBELL 600, WALTER D, , DR, MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1230 WESTVIEW RD

City GLENVIEW	State IL	Zip Code 60025
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) PEDIATRICIAN
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : SA11AI.7439**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CARTER 320, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3090 MONUMENT BAY RD

City SAINT AUGUSTINE	State FL	Zip Code 32092
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2017

**Transaction ID : SA11AI.7670**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. CARTER 320, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3090 MONUMENT BAY RD

City SAINT AUGUSTINE	State FL	Zip Code 32092
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2017

**Transaction ID : SA11AI.7672**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. CASSINGHAM 233, DOROTHY J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1146 WHITBURN TER

City CHESAPEAKE	State VA	Zip Code 23322
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : SA11AI.7723**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CECCHI 221, GIUSEPPE M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1209 ALDEBARAN DR

City MC LEAN	State VA	Zip Code 22101
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) THE IDI GROUP	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2017

**Transaction ID : SA11AI.7792**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. CHRISTNER 726, DANIEL L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7094 BLEVINS RD

City HARRISON	State AR	Zip Code 72601
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.8020**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CLARK 085, JAMES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 TURNBRIDGE CT

City JACKSON	State NJ	Zip Code 08527
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : SA11AI.8071**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CLARK 085, JAMES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 TURNBRIDGE CT

City JACKSON	State NJ	Zip Code 08527
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.8072**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. COCKLE 981, MICHAEL J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2452 MONTAVISTA PL W

City SEATTLE	State WA	Zip Code 98199
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) Retired
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.8200**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. CODY 852, FRANCES, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7501 E THOMPSON PEAK PKWY  
UNIT 308

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2017

**Transaction ID : SA11AI.8209**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. COLLINS 341, DUANE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1435 GORMICAN LN

City NAPLES	State FL	Zip Code 34110
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

**Transaction ID : SA11AI.8302**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. COLLINS 954, FRANCIS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17020 PARK AVE

City SONOMA	State CA	Zip Code 95476
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) BUILDER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : SA11AI.8314**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. COLSON 549, NORMAN L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1332 W PERSHING ST

City APPLETON	State WI	Zip Code 54914
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

**Transaction ID : SA11AI.8325**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. COLTRANE 177, LORETTA E, , MRS, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 205  
 City WOOLRICH State PA Zip Code 17779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 23 / 2017**  
**Transaction ID : SA11AI.8331**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. COLTRANE 177, LORETTA E, , MRS, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 205  
 City WOOLRICH State PA Zip Code 17779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt **04 / 26 / 2017**  
**Transaction ID : SA11AI.8332**  
 Amount of Each Receipt this Period 205.00  
 Memo Item

**C. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W 3RD ST APT 3336  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COONLY LAW FIRM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : SA11AI.8456**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W 3RD ST  
 APT 3336  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COONLY LAW FIRM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 11 / 2017  
**Transaction ID : SA11Al.8457**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W 3RD ST  
 APT 3336  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COONLY LAW FIRM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017  
**Transaction ID : SA11Al.8458**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W 3RD ST  
 APT 3336  
 City AUSTIN State TX Zip Code 78701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COONLY LAW FIRM Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : SA11Al.8459**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. COUCH 244, RICHARD E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13803 BIRDAVEN LN

City GROTTOES	State VA	Zip Code 24441
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MACHINE OPERATOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2017

**Transaction ID : SA11AI.8574**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. COUCH 986, JUSTIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1637

City KALAMA	State WA	Zip Code 98625
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CARGILL	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

**Transaction ID : SA11AI.8581**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. COYNE 463, JEROME D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7825 W 400 N

City MICHIGAN CITY	State IN	Zip Code 46360
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

**Transaction ID : SA11AI.8675**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. COYNE 463, JEROME D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7825 W 400 N

City MICHIGAN CITY	State IN	Zip Code 46360
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

**Transaction ID : SA11AI.8676**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. DAHARSH 820, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 HALES RANCH RD

City CHEYENNE	State WY	Zip Code 82007
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2017

**Transaction ID : SA11AI.8964**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. DAVID 027, EMILY, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SILVER ST

City TAUNTON	State MA	Zip Code 02780
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2017

**Transaction ID : SA11AI.9097**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. DAVIES 335, MICHAEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8015 GIBSONTON DR

City GIBSONTON	State FL	Zip Code 33534
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CAROL STREAM AMUS	Occupation (for Individual) SUPERVISOR
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.9132**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. DIKEOU 327, PAMELA A, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 487

City WINTER PARK	State FL	Zip Code 32790
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) REAL ESTATE SALES
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : SA11AI.9604**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. DIXON 581, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 10307

City FARGO	State ND	Zip Code 58106
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DIXON INSURANCE CO	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

**Transaction ID : SA11AI.9697**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. DODGE 722, LINNIE M, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14300 CHENAL PKWY  
APT 7010

City LITTLE ROCK State AR Zip Code 72211

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2017

**Transaction ID : SA11AI.9718**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. DODGE 722, LINNIE M, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14300 CHENAL PKWY  
APT 7010

City LITTLE ROCK State AR Zip Code 72211

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2017

**Transaction ID : SA11AI.9719**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. DODGE 722, LINNIE M, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14300 CHENAL PKWY  
APT 7010

City LITTLE ROCK State AR Zip Code 72211

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2017

**Transaction ID : SA11AI.9720**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. DONOVAN 852, JOHN F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7508 E MINNEZONA AVE

City SCOTTSDALE	State AZ	Zip Code 85251
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2017

**Transaction ID : SA11AI.9785**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. DWYER 871, KELLY, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2220 ANA CT NW

City ALBUQUERQUE	State NM	Zip Code 87120
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.10119**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. EDGERLY 021, LOIS, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 HIGHLAND ST

City CAMBRIDGE	State MA	Zip Code 02138
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

**Transaction ID : SA11AI.10236**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ESBENSHADE 747, JIM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2174 HENDRIX RD

City COLBERT	State OK	Zip Code 74733
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ESBENSHADE FARM	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2017

**Transaction ID : SA11AI.10541**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. EVANS 660, JAMES P, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 CLINTON PKWY  
APT 1007

City LAWRENCE	State KS	Zip Code 66047
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2017

**Transaction ID : SA11AI.10616**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. EVANS 700, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4917 KINSLEY ST

City METAIRIE	State LA	Zip Code 70006
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) EVANS LAW	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2017

**Transaction ID : SA11AI.10622**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. FEE 100, BERNADETTE T, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 653 E 14TH ST APT 11E

City NEW YORK	State NY	Zip Code 10009
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2017

**Transaction ID : SA11AI.10827**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. FELIX 928, CHRIS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18552 ALICE LN

City VILLA PARK	State CA	Zip Code 92861
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2017

**Transaction ID : SA11AI.10848**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. FENDER 193, RAYMOND, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1221 PAOLI PIKE

City WEST CHESTER	State PA	Zip Code 19380
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2017

**Transaction ID : SA11AI.10866**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. FIELDMAN 115, JOEL, , DR,**  
Mailing Address 40 TURF LN

City ROSLYN HEIGHTS	State NY	Zip Code 11577
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) DOCTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**03 / 02 / 2017**  
**Transaction ID : SA11AI.10958**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B. FIELDMAN 115, JOEL, , DR,**  
Mailing Address 40 TURF LN

City ROSLYN HEIGHTS	State NY	Zip Code 11577
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) DOCTOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>400.00</b>

Date of Receipt  
**05 / 29 / 2017**  
**Transaction ID : SA11AI.10959**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. FLOECK 782, DANIEL, , MR,**  
Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO	State TX	Zip Code 78260
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>500.00</b>

Date of Receipt  
**03 / 06 / 2017**  
**Transaction ID : SA11AI.11130**

Amount of Each Receipt this Period  
**500.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. FLOECK 782, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO	State TX	Zip Code 78260
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2017

**Transaction ID : SA11AI.11131**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. FRUCHTNIH 704, DONALD J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 BEAU CHENE DR

City MANDEVILLE	State LA	Zip Code 70471
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

**Transaction ID : SA11AI.11523**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. GAGNIER 940, GRACE, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 845 LAUREL AVE

City BELMONT	State CA	Zip Code 94002
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : SA11AI.11634**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. GARLAND 307, RICHARD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1921 FAIRINGTON DR

City DALTON	State GA	Zip Code 30720
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GARLAND SALES	Occupation (for Individual) SALES
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2017

**Transaction ID : SA11AI.11757**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. GEBBERS 988, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 39

City BREWSTER	State WA	Zip Code 98812
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CHELAN FRESH MARKETING	Occupation (for Individual) SALES
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

**Transaction ID : SA11AI.11883**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. GERSHIN 334, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5718 NW 24TH TER

City BOCA RATON	State FL	Zip Code 33496
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

**Transaction ID : SA11AI.11970**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. GIBLIN 714, SUSAN, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1085 VANDEGAER AVE  
 City MANY State LA Zip Code 71449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OWEN FUNERAL HOME Occupation (for Individual) CUSTOMER SERVICE REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 17 / 2017  
**Transaction ID : SA11AI.12013**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. GOOCH 641, GARY L, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11015 NW CROOKED RD  
 City KANSAS CITY State MO Zip Code 64152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.12313**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. GRAHAM 284, ADAIR, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 ARBORETUM DR  
 City WILMINGTON State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOMEMAKER Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2017  
**Transaction ID : SA11AI.12436**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	555.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. GROSSO 088, NANCY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 LONG HILL RD

City HILLSBOROUGH	State NJ	Zip Code 08844
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2017

**Transaction ID : SA11AI.12721**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. GUESS 366, DAVE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 561 HOLCOMBE AVE

City MOBILE	State AL	Zip Code 36606
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ELECTRONIC SUPPLY	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2017

**Transaction ID : SA11AI.12769**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. HAMBLET 201, SUSAN HARPER, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 119 DAVIS AVE SW

City LEESBURG	State VA	Zip Code 20175
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2017

**Transaction ID : SA11AI.13032**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. HAMBLET 201, SUSAN HARPER, , MS,**  
Mailing Address 119 DAVIS AVE SW

City LEESBURG	State VA	Zip Code 20175
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
05 / 22 / 2017  
**Transaction ID : SA11AI.13033**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HATLEY 770, BRENNON, , MR,**  
Mailing Address 710 RUSTYLEAF LN

City HOUSTON	State TX	Zip Code 77090
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) JACOBSL		Occupation (for Individual) ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 13 / 2017  
**Transaction ID : SA11AI.13390**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. HERR 160, DAVID, , MR,**  
Mailing Address 1203 VILLA DR APT B

City BUTLER	State PA	Zip Code 16001
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
05 / 17 / 2017  
**Transaction ID : SA11AI.13751**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. HERR 170, PAUL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 48 ROBIN RD

City HERSHEY	State PA	Zip Code 17033
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.13755**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. HILTON 296, STEPHEN H, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 518 ROPER MOUNTAIN CT

City GREENVILLE	State SC	Zip Code 29615
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HILTON DISPLAYS INC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

**Transaction ID : SA11AI.13970**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. HOUSTON 770, WILLIAM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16119 VILLA FONTANA WAY

City HOUSTON	State TX	Zip Code 77068
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : SA11AI.14367**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. JANZEN 807, ARVIN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 EDISON ST  
 City BRUSH State CO Zip Code 80723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A&R AUTOMOTIVE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2017  
**Transaction ID : SA11AI.14923**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. JANZEN 807, ARVIN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 203 EDISON ST  
 City BRUSH State CO Zip Code 80723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) A&R AUTOMOTIVE Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2017  
**Transaction ID : SA11AI.14924**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. JANZEN 970, PAMELA, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 160  
 City SANDY State OR Zip Code 97055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2017  
**Transaction ID : SA11AI.14927**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	805.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. JOHNSON 334, PATSY S, , MS,**  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**01 / 20 / 2017**  
**Transaction ID : SA11AI.15127**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B. JOHNSON 334, PATSY S, , MS,**  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>800.00</b>	

Date of Receipt  
**03 / 27 / 2017**  
**Transaction ID : SA11AI.15128**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C. JOHNSON 334, PATSY S, , MS,**  
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1100.00</b>	

Date of Receipt  
**04 / 20 / 2017**  
**Transaction ID : SA11AI.15129**

Amount of Each Receipt this Period  
**300.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 837 S PARK TRAIL DR

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2017

**Transaction ID : SA11AI.15154**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 837 S PARK TRAIL DR

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2017

**Transaction ID : SA11AI.15155**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. JOHNSON 460, ERIC J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 837 S PARK TRAIL DR

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2017

**Transaction ID : SA11AI.15156**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. JOHNSON 460, ERIC J, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 837 S PARK TRAIL DR

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2017

**Transaction ID : SA11AI.15157**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. JOHNSON 750, J M, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2744 WAGONWHEEL CT

City CARROLLTON	State TX	Zip Code 75006
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2017

**Transaction ID : SA11AI.15204**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. JONES 432, JOHN R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JONES BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

**Transaction ID : SA11AI.15329**

Amount of Each Receipt this Period  
175.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1025.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. JONES 432, JOHN R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JONES BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2017

**Transaction ID : SA11AI.15330**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. JONES 432, JOHN R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JONES BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : SA11AI.15331**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. KANE 852, DENNIS E, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14023 N WENDOVER DR

City FOUNTAIN HILLS	State AZ	Zip Code 85268
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : SA11AI.15514**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. KELLY 112, THERESA K, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 95TH ST APT D1  
 City BROOKLYN State NY Zip Code 11209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 12 / 2017**  
**Transaction ID : SA11AI.15677**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. KING 338, IVAN D, , MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 SILVERADO TER  
 City WINTER HAVEN State FL Zip Code 33884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : SA11AI.15862**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. KING 338, IVAN D, , MR, JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 SILVERADO TER  
 City WINTER HAVEN State FL Zip Code 33884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 12 / 2017**  
**Transaction ID : SA11AI.15863**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 111
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KIPP 951, LLOYD, , MR,</b>		Date of Receipt
Mailing Address 1625 THE ALAMEDA STE 707		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2017"/>
City SAN JOSE	State CA	Zip Code 95126
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.15910</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) SELF EMPLOYED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KURZET 926, ANNE L, , MS,</b>		Date of Receipt
Mailing Address 33762 VALLE RD		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16417</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. KURZET 926, ANNE L, , MS,</b>		Date of Receipt
Mailing Address 33762 VALLE RD		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.16418</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation (for Individual) RETIRED		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. KURZET 926, ANNE L, , MS,**  
Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>750.00</b>	

Date of Receipt  
**05 / 19 / 2017**  
**Transaction ID : SA11Al.16419**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B. LANDSDORF 334, ROBERT M, , MR,**  
Mailing Address 12630 MALLET CIR

City WELLINGTON	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>305.00</b>	

Date of Receipt  
**05 / 17 / 2017**  
**Transaction ID : SA11Al.16558**

Amount of Each Receipt this Period  
**105.00**

Memo Item

**C. LAPP 175, SAMUEL, , MR,**  
Mailing Address 130 OCTORARA TRL

City GAP	State PA	Zip Code 17527
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) LAPP PAVING COMPANY	Occupation (for Individual) PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>300.00</b>	

Date of Receipt  
**03 / 27 / 2017**  
**Transaction ID : SA11Al.16636**

Amount of Each Receipt this Period  
**200.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>555.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. LARSON 838, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 E CAMERON AVE

City KELLOGG	State ID	Zip Code 83837
-----------------	----------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2017

**Transaction ID : SA11AI.16666**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. LAWRENCE 671, ANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2585 162ND RD

City OXFORD	State KS	Zip Code 67119
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LAWRENCE FARM	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2017

**Transaction ID : SA11AI.16753**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. LEACH 773, SARA B, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3002 HEATHERPARK DR

City KINGWOOD	State TX	Zip Code 77345
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

**Transaction ID : SA11AI.16806**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. LECLERC 296, RICHARD D, , MR,**  
Mailing Address 13098 JANDA RD

City SENECA	State SC	Zip Code 29672
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2017  
**Transaction ID : SA11AI.16843**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. LICHTER 334, VAL, , MS,**  
Mailing Address 100 LAKESHORE DR  
APT 1658

City NORTH PALM BEACH	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2017  
**Transaction ID : SA11AI.17096**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MACCHIO 117, PAUL, , MR,**  
Mailing Address 11 LAKEWOOD RD

City LAKE RONKONKOMA	State NY	Zip Code 11779
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HALLEN CONSTRUCTION		Occupation (for Individual) ENGINEER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2017  
**Transaction ID : SA11AI.17591**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MATTHEWS 486, JOYCE, , MISS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 E 3RD ST

City PINCONNING	State MI	Zip Code 48650
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2017

**Transaction ID : SA11AI.18120**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. MCCARTHY 797, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4514 ROBIN LN

City MIDLAND	State TX	Zip Code 79707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRIMITIVE PETROLEOM INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

**Transaction ID : SA11AI.18268**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MCCARTHY 797, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4514 ROBIN LN

City MIDLAND	State TX	Zip Code 79707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PRIMITIVE PETROLEOM INC	Occupation (for Individual) PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		12		2017

**Transaction ID : SA11AI.18269**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MCCONNAUGHY 007, MARGARET, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3000

City COAMO	State PR	Zip Code 00769
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) WRITER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

**Transaction ID : SA11AI.18333**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. MCCONNAUGHY 007, MARGARET, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 3000

City COAMO	State PR	Zip Code 00769
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) WRITER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2017

**Transaction ID : SA11AI.18334**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MCKINNEY 967, ROBERT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91-200 KAUHI ST

City KAPOLEI	State HI	Zip Code 96707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&H MACH INC	Occupation (for Individual) MECHANIC
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2017

**Transaction ID : SA11AI.18606**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MEDNICK 548, JAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N13431 COUNTY LINE RD

City MINONG	State WI	Zip Code 54859
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

**Transaction ID : SA11AI.18741**

Amount of Each Receipt this Period  

105.00
--------

 Memo Item

**B. MEYER 553, TODD W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21821 INDUSTRIAL BLVD

City ROGERS	State MN	Zip Code 55374
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TWM CONSULTING	Occupation (for Individual) MANAGEMENT CONSULTANT
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : SA11AI.18908**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

**C. MILLER 144, GREG, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 SUNSET DR

City LIVONIA	State NY	Zip Code 14487
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2017

**Transaction ID : SA11AI.19027**

Amount of Each Receipt this Period  

250.00
--------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MILLER 158, GAYE E, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 HANEY RD

City BROOKVILLE	State PA	Zip Code 15825
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MILLER WELDING & MACHINE CO	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2017

**Transaction ID : SA11AI.19038**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MINTON 217, DAVID S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7949 MCKAIG RD

City FREDERICK	State MD	Zip Code 21701
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2017

**Transaction ID : SA11AI.19217**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. MOORE 937, STEVE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 466WEST FALLBROOK AVE  
SUITE 107

City FRESNO	State CA	Zip Code 93711
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) AGRICULTURE	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

**Transaction ID : SA11AI.19412**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MORRISON 773, ERNEST E, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 EBNER LAKE DR  
 City MONTGOMERY State TX Zip Code 77316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 12 / 2017**  
**Transaction ID : SA11AI.19545**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. MOYER 218, ELLEN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7171 ELMO DRYDEN RD  
 City WESTOVER State MD Zip Code 21871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEXFILL HEALTH Occupation (for Individual) MEDICAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt **05 / 12 / 2017**  
**Transaction ID : SA11AI.19617**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**C. MURRAY 171, DONNA L, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6122 FORRESTAL CIR  
 City HARRISBURG State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : SA11AI.19776**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MYERS 172, JANET E, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26 S GRANT ST

City WAYNESBORO	State PA	Zip Code 17268
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

**Transaction ID : SA11AI.19820**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. NEAL 245, GAIL, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 FOXMOOR PL

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2017

**Transaction ID : SA11AI.19920**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. NEAL 245, GAIL, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1190 FOXMOOR PL

City FOREST	State VA	Zip Code 24551
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

**Transaction ID : SA11AI.19921**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. NORDGREN 880, ELENA, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 502  
 City HILLSBORO State NM Zip Code 88042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2017  
**Transaction ID : SA11AI.20176**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. NORQUIST 223, WARREN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 FAIRBANKS AVE  
 City ALEXANDRIA State VA Zip Code 22311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : SA11AI.20203**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. OGDEN 770, MARY, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10042 OLYMPIA DR  
 City HOUSTON State TX Zip Code 77042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2017  
**Transaction ID : SA11AI.20353**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ORESZAK 856, JEANNETTE A, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1515

City SIERRA VISTA State AZ Zip Code 85636

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2017

**Transaction ID : SA11AI.20503**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. OTTO 971, THELMA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 216 NW WEST HILLS DR

City MCMINNVILLE State OR Zip Code 97128

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2017

**Transaction ID : SA11AI.20571**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. PAPP 959, MICHAEL P, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1369 EAST AVE

City CHICO State CA Zip Code 95926

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2017

**Transaction ID : SA11AI.20714**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. PINKERTON 456, GLEN B, , MR,**  
Mailing Address 759 ALMA OMEGA RD

City WAVERLY	State OH	Zip Code 45690
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HUMAN ARC		Occupation (for Individual) EXECUTIVE VP & CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>210.00</b>

Date of Receipt  
**06 / 23 / 2017**  
**Transaction ID : SA11AI.21369**

Amount of Each Receipt this Period  
**105.00**

Memo Item

**B. PREJEAN 706, GLENN J, , MR,**  
Mailing Address 7429 DUKE ST

City LAKE CHARLES	State LA	Zip Code 70607
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>250.00</b>

Date of Receipt  
**06 / 19 / 2017**  
**Transaction ID : SA11AI.21642**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**C. PULITO 341, DIANE K, , MS,**  
Mailing Address 15295 CORSINI LN

City NAPLES	State FL	Zip Code 34110
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) HEALTH INSTUTUTE		Occupation (for Individual) SELF EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**05 / 08 / 2017**  
**Transaction ID : SA11AI.21762**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>405.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. RADIGAN 208, JAMES T, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5508 DORSET AVE  
 City CHEVY CHASE    State MD    Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2017  
**Transaction ID : SA11AI.21880**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. REA 756, MILLIE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12088 PRIVATE ROAD 2901D  
 City TATUM    State TX    Zip Code 75691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LONGVIEW MED CTR    Occupation (for Individual) MEDICAL  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : SA11AI.22055**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. REDDY 062, VIVIAN G, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 223 N SHORE RD  
 City DAYVILLE    State CT    Zip Code 06241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : SA11AI.22102**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. REED 288, KARL F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 400 WESLEY DR  
APT 368

City ASHEVILLE State NC Zip Code 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2017

**Transaction ID : SA11AI.22123**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. REUBEN 625, PHILLIP M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 537 N CAROLINA AVE

City DECATUR State IL Zip Code 62522

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) STATE OF ILLINOIS Occupation (for Individual) COMPUTER SYSTEMS ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2017

**Transaction ID : SA11AI.22315**

Amount of Each Receipt this Period  
55.00

Memo Item

**C. RIDDLE 264, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 E 7TH ST

City WESTON State WV Zip Code 26452

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2017

**Transaction ID : SA11AI.22472**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. RIDDLE 264, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 E 7TH ST

City WESTON	State WV	Zip Code 26452
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

**Transaction ID : SA11AI.22473**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. ROGERS 365, JOAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 SPANISH FORT BLVD  
APT 55

City SPANISH FORT	State AL	Zip Code 36527
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2017

**Transaction ID : SA11AI.22787**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. ROGERS 783, JANET K, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 E 11TH ST

City BISHOP	State TX	Zip Code 78343
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2017

**Transaction ID : SA11AI.22798**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. ROWE 270, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 639 OLD US 52 S

City MOUNT AIRY	State NC	Zip Code 27030
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HIGHWAY CONTRACTOR	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : SA11AI.23031**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. ROWLAND 638, ALLEN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18880 STATE HIGHWAY D

City DEXTER	State MO	Zip Code 63841
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MISSOURI FARM BUREAU	Occupation (for Individual) BOARD MEMBER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

**Transaction ID : SA11AI.23038**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. SALTER 350, KENT A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 GEORGE HEADLY RD

City LOCUST FORK	State AL	Zip Code 35097
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
433.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2017

**Transaction ID : SA11AI.23257**

Amount of Each Receipt this Period  
333.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	733.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SAUNDERS 760, DENISE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LONDONDERRY LN

City MANSFIELD	State TX	Zip Code 76063
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

**Transaction ID : SA11AI.23410**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SAUNDERS 760, DENISE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 LONDONDERRY LN

City MANSFIELD	State TX	Zip Code 76063
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

**Transaction ID : SA11AI.23411**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. SCHATKO 480, JOANN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17810 24 MILE RD

City MACOMB	State MI	Zip Code 48042
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2017

**Transaction ID : SA11AI.23528**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SCHATKO 480, JOANN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17810 24 MILE RD

City MACOMB	State MI	Zip Code 48042
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

**Transaction ID : SA11AI.23529**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. SCHERTZING 492, MARK A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2670 CATHOLIC CHURCH RD

City STOCKBRIDGE	State MI	Zip Code 49285
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LANDSCAPE CO	Occupation (for Individual) TRUCKER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2017

**Transaction ID : SA11AI.23570**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SCIROCCO 070, DIANE F, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1530 PALISADE AVE  
APT 23J

City FORT LEE	State NJ	Zip Code 07024
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2017

**Transaction ID : SA11AI.23866**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SCOTT 980, RODGER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20405 SE 344TH ST

City AUBURN	State WA	Zip Code 98092
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SCOTTIE'S GENERAL CONSTRUCTION	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2017

**Transaction ID : SA11AI.23918**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SHARRATT 330, LAURA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2017

**Transaction ID : SA11AI.24102**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SHARRATT 330, LAURA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2017

**Transaction ID : SA11AI.24103**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SHARRATT 330, LAURA, , MS,**  
Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>1100.00</b>

Date of Receipt  
**06 / 12 / 2017**  
**Transaction ID : SA11AI.24104**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**B. SHARRATT 330, LAURA, , MS,**  
Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>1200.00</b>

Date of Receipt  
**06 / 16 / 2017**  
**Transaction ID : SA11AI.24105**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**C. SHORE 280, BRENDA, , MS,**  
Mailing Address 305 LARRY DR

City KANNAPOLIS	State NC	Zip Code 28083
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**05 / 19 / 2017**  
**Transaction ID : SA11AI.24276**

Amount of Each Receipt this Period  
**200.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2017

**Transaction ID : SA11AI.24598**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : SA11AI.24599**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SMEED 933, CLAIRE J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3200 21ST ST STE 401

City BAKERSFIELD	State CA	Zip Code 93301
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
755.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

**Transaction ID : SA11AI.24600**

Amount of Each Receipt this Period  
205.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	755.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SMITH 184, CHRISTINE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3091 WRIGHTER LAKE RD

City THOMPSON	State PA	Zip Code 18465
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

**Transaction ID : SA11AI.24654**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. SMITH 532, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 E HAMPSHIRE AVE

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2017

**Transaction ID : SA11AI.24770**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. SMITH 532, BARBARA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3222 E HAMPSHIRE AVE

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

**Transaction ID : SA11AI.24771**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SMITH 984, EDWARD J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8412 20TH ST W  
 City UNIVERSITY PLACE    State WA    Zip Code 98466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2017  
**Transaction ID : SA11AI.24844**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. STANCZYK 801, ROMAN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 S BANNOCK ST APT 3  
 City ENGLEWOOD    State CO    Zip Code 80110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 17 / 2017  
**Transaction ID : SA11AI.25190**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. STANCZYK 801, ROMAN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3535 S BANNOCK ST APT 3  
 City ENGLEWOOD    State CO    Zip Code 80110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 04 / 20 / 2017  
**Transaction ID : SA11AI.25191**  
 Amount of Each Receipt this Period 205.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 655.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. STARCIC 113, IVAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 RIDGE RD

City DOUGLASTON	State NY	Zip Code 11363
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : SA11AI.25226**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. STEENBERGEN 989, JULIAN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8402 ZIER RD

City YAKIMA	State WA	Zip Code 98908
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2017

**Transaction ID : SA11AI.25297**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. STELLA 605, PAMELA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 HIDDEN LAKE DR

City BURR RIDGE	State IL	Zip Code 60527
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) CONSULTANT
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2017

**Transaction ID : SA11AI.25332**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. STOBBE 495, JOANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2472 BLANCHARD ST SW

City WYOMING	State MI	Zip Code 49519
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRANSNATION TITLE AGENCY	Occupation (for Individual) ACCOUNTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : SA11AI.25454**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. STOBBE 495, JOANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2472 BLANCHARD ST SW

City WYOMING	State MI	Zip Code 49519
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRANSNATION TITLE AGENCY	Occupation (for Individual) ACCOUNTANT
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.25455**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. STONE 881, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

City PORTALES	State NM	Zip Code 88130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JP STONE COMUNITY BANK	Occupation (for Individual) BANK MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2017

**Transaction ID : SA11AI.25509**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. STONE 881, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

City PORTALES	State NM	Zip Code 88130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) JP STONE COMUNITY BANK	Occupation (for Individual) BANK MANAGER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2017

**Transaction ID : SA11AI.25510**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. STUBBLEFIELD 654, ANDREW L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 75 EVANS RD

City CUBA	State MO	Zip Code 65453
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CARE NETWORK HEATLH PROVIDERS	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2017

**Transaction ID : SA11AI.25648**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. STUECKLE 980, CLAYTON, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 341 RAILROAD AVE S

City KENT	State WA	Zip Code 98032
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SUPERIOR MANUFACTURING	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2017

**Transaction ID : SA11AI.25668**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. SULLIVAN 067, RONALD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 304

City BRIDGEWATER	State CT	Zip Code 06752
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

**Transaction ID : SA11AI.25705**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SUSONG 305, BEBEE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 HOLLY CIR

City DAWSONVILLE	State GA	Zip Code 30534
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2017

**Transaction ID : SA11AI.25778**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. TAYLOR 321, RICHARD D, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 358

City FORT MC COY	State FL	Zip Code 32134
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2017

**Transaction ID : SA11AI.26024**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	755.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. THOMPSON 704, ROBERT Y, , MR, III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 HICKORY ST  
 City AMITE State LA Zip Code 70422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : SA11AI.26275**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. TOPAR 043, RAYMOND R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 LAKEVIEW DR  
 City SOUTH CHINA State ME Zip Code 04358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 14 / 2017  
**Transaction ID : SA11AI.26492**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. TRAWICK 290, ARCHIE W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 JAKES LANDING RD  
 STE 2  
 City LEXINGTON State SC Zip Code 29072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JINKS LANDING Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 11 / 2017  
**Transaction ID : SA11AI.26576**  
 Amount of Each Receipt this Period  
 450.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. TRAWICK 290, ARCHIE W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 JAKES LANDING RD  
 STE 2  
 City LEXINGTON State SC Zip Code 29072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JINKS LANDING Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 29 / 2017  
**Transaction ID : SA11AI.26577**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. TUROWSKI 601, DANIEL M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 N PRATER AVE  
 City MELROSE PARK State IL Zip Code 60164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACHIN Occupation (for Individual) CUSTOMER SERVICE REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 10 / 2017  
**Transaction ID : SA11AI.26791**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. TUROWSKI 601, DANIEL M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 N PRATER AVE  
 City MELROSE PARK State IL Zip Code 60164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MACHIN Occupation (for Individual) CUSTOMER SERVICE REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 12 / 2017  
**Transaction ID : SA11AI.26792**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. VANCE 317, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 EAGLE DR

City TIFTON	State GA	Zip Code 31793
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : SA11AI.26970**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. VANCE 317, REBECCA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 EAGLE DR

City TIFTON	State GA	Zip Code 31793
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2017

**Transaction ID : SA11AI.26971**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. VANHORN 206, BRUCE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2432 PINEFIELD RD

City WALDORF	State MD	Zip Code 20601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

**Transaction ID : SA11AI.27007**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. VEACH 267, HERBERT A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address RR 1  
BOX 11AA

City AUGUSTA State WV Zip Code 26704

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2017

**Transaction ID : SA11AI.27072**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. VICK 293, GLEN F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 SYDNOR RD

City SPARTANBURG State SC Zip Code 29307

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2017

**Transaction ID : SA11AI.27152**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. VLAD 853, DORELY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7702 W VILLA THERESA DR

City GLENDALE State AZ Zip Code 85308

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2017

**Transaction ID : SA11AI.27196**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 111
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. VLASZ 305, BARBARA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5031 SHIRLEY RD

City GAINESVILLE	State GA	Zip Code 30506
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2017

**Transaction ID : SA11AI.27198**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. VOGT 671, MILDRED R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3001 IVY DR  
APT 105

City NORTH NEWTON	State KS	Zip Code 67117
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

**Transaction ID : SA11AI.27217**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. WALKER 370, ROBERT H, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 411 FOREST ST

City LEWISBURG	State TN	Zip Code 37091
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2017

**Transaction ID : SA11AI.27374**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. WARD 780, ADELE R, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1073 PINNACLE VW E  
 City KERRVILLE State TX Zip Code 78028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2017  
**Transaction ID : SA11AI.27522**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. WARE 490, KATHRYN, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 903 N CLAY ST STE A  
 City STURGIS State MI Zip Code 49091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2017  
**Transaction ID : SA11AI.27532**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. WHITCOMB 740, LAJEAN C, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2104 N COTTONWOOD RD  
 City STILLWATER State OK Zip Code 74075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LACEBARK INC Occupation (for Individual) OFFICE MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2017  
**Transaction ID : SA11AI.27951**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1550.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. WILEY 303, FLOYD M, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3051 HABERSHAM RD NW

City ATLANTA	State GA	Zip Code 30305
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MERRILL LYNCH	Occupation (for Individual) FINANCIAL ADVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

**Transaction ID : SA11AI.28152**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

**Transaction ID : SA11AI.28187**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

**Transaction ID : SA11AI.28188**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	950.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. WILLIAMS 114, JANET L, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11425 177TH ST  
 City JAMAICA State NY Zip Code 11434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.28194**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. WILLIAMS 463, DAVID, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5122 N STATE ROAD 39  
 City LA PORTE State IN Zip Code 46350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HYDROTRON Occupation (for Individual) PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2017  
**Transaction ID : SA11AI.28242**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. WILLIAMSON 774, ANITA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 STRETFORD CT  
 City SUGAR LAND State TX Zip Code 77479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 16 / 2017  
**Transaction ID : SA11AI.28294**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 111
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. WRAY 481, THOMAS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 962 WRAY CT

City YPSILANTI	State MI	Zip Code 48198
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : SA11AI.28648**

Amount of Each Receipt this Period  
205.00

Memo Item

**B. WRIGHT 226, MARGARET, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : SA11AI.28656**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WRIGHT 226, MARGARET, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 347 N PIFER RD

City STAR TANNERY	State VA	Zip Code 22654
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2017

**Transaction ID : SA11AI.28657**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 111
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. WRIGHT 630, RALPH, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 708 SUMMER OAK DR

City BALLWIN	State MO	Zip Code 63021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DEPT OF DEFENSE	Occupation (for Individual) FUEL LOGISTICS MANAGEMENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2017

**Transaction ID : SA11AI.28680**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. YORK 305, MARVIN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 88 HOLLY DR

City DAWSONVILLE	State GA	Zip Code 30534
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

**Transaction ID : SA11AI.28810**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ZUBAL 160, THOMAS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 212 CLARK AVE

City BUTLER	State PA	Zip Code 16002
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2017

**Transaction ID : SA11AI.29014**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 111  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZUBAL 160, THOMAS, , MR,**

Mailing Address 212 CLARK AVE

City BUTLER      State PA      Zip Code 16002

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE      Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2017

**Transaction ID : SA11AI.29015**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ZUBAL 160, THOMAS, , MR,**

Mailing Address 212 CLARK AVE

City BUTLER      State PA      Zip Code 16002

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE      Occupation (for Individual) RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017

**Transaction ID : SA11AI.29016**

Amount of Each Receipt this Period  
 250.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49643.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. ATLANTIC LIST COMPANY</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2017	
Mailing Address 2300 9TH STREET S		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4195</b>	
City ARLINGTON	State VA	Zip Code 22204	Amount of Each Disbursement this Period 7250.00
Purpose of Disbursement FUNDRAISING: LIST RENTALS		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ATLANTIC LIST COMPANY</b>		Date of Disbursement MM / DD / YYYY 04 / 19 / 2017	
Mailing Address 2300 9TH STREET S		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4190</b>	
City ARLINGTON	State VA	Zip Code 22204	Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement FUNDRAISING: LIST RENTALS		Category/ Type 003	Memo Item <input type="checkbox"/>
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BAKER HOSTETLER LLP</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 1050 CONNECTICUT AVE NW SUITE 1100		FEC Identification Number C00566174 <b>Transaction ID : SB21B.4184</b>	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement LEGAL SERVICES		Category/ Type 001	Memo Item <input type="checkbox"/>
Candidate Name <b>TEA PARTY MAJORITY FUND</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

13250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. BAKER HOSTETLER LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 04 / 11 / 2017

FEC Identification Number C00566174  
**Transaction ID : SB21B.4196**

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. BAKER HOSTETLER LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 03 / 2017

FEC Identification Number C00566174  
**Transaction ID : SB21B.4185**

Amount of Each Disbursement this Period 2500.00

Memo Item

**C. BAKER HOSTETLER LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 19 / 2017

FEC Identification Number C00566174  
**Transaction ID : SB21B.4186**

Amount of Each Disbursement this Period 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4145**  
Amount of Each Disbursement this Period: 998.32

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4146**  
Amount of Each Disbursement this Period: 49.27

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4156**  
Amount of Each Disbursement this Period: 2173.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3221.58

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		05		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

**001**  
Category/  
Type

**Transaction ID : SB21B.4141**

Amount of Each Disbursement this Period

374.14

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

**001**  
Category/  
Type

**Transaction ID : SB21B.4179**

Amount of Each Disbursement this Period

25.00

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		19		2017

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

FEC Identification Number

**C** C00566174

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

**001**  
Category/  
Type

**Transaction ID : SB21B.4164**

Amount of Each Disbursement this Period

55.00

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

454.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 25 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: TRANSACTION FEES

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4161

Amount of Each Disbursement this Period

166.09

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4130

Amount of Each Disbursement this Period

7.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

199.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4142**

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

171.20

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4147**

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

823.72

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4148**

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

93.42

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1088.34

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4153**

Amount of Each Disbursement this Period

1315.71

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

20.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4172**

Amount of Each Disbursement this Period

25.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1360.71



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

001

Candidate Name  
**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 17 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period

75.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

001

Candidate Name  
**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4170

Amount of Each Disbursement this Period

79.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

001

Candidate Name  
**TEA PARTY MAJORITY FUND**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4173

Amount of Each Disbursement this Period

25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

179.95



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: TRANSACTION FEES

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4162

Amount of Each Disbursement this Period

35.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4131

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2017

FEC Identification Number

C00566174

Transaction ID : SB21B.4136

Amount of Each Disbursement this Period

175.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

219.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4151**

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

707.92

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4152**

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

108.34

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4157**

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

1487.64

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2303.90

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4166**

Amount of Each Disbursement this Period

20.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4174**

Amount of Each Disbursement this Period

25.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		31		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4163**

Amount of Each Disbursement this Period

33.42

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: TRANSACTION FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

78.42

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4132**

Amount of Each Disbursement this Period

7.95

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

1968.89

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4159**

Amount of Each Disbursement this Period

144.03

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2120.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4160**  
Amount of Each Disbursement this Period  
917.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4137**  
Amount of Each Disbursement this Period  
257.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4167**  
Amount of Each Disbursement this Period  
20.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **1195.12**

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 10 / 2017

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
04 / 26 / 2017

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4176**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 02 / 2017

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4133**

Amount of Each Disbursement this Period

7.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

57.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period: 62.45

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period: 663.70

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 04 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4155**

Amount of Each Disbursement this Period: 899.62

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1625.77

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4138**

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

140.00

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4139**

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

**001**  
Category/  
Type

Amount of Each Disbursement this Period

21.76

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4168**

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

**001**  
Category/  
Type

Amount of Each Disbursement this Period

20.00

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

181.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4177**

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: WIRE TRANSFER FEE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4178**

Amount of Each Disbursement this Period: 25.00

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: AMEX COLLECTION FEE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4134**

Amount of Each Disbursement this Period: 7.95

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	57.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4140**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK CHARGE: AMEX DISCOUNT FEES

**001**  
Category/  
Type

189.71

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4144**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK CHARGE: B OF A DISCOUNT FEES

**001**  
Category/  
Type

76.20

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2017

Mailing Address 2353 TOWN CENTER DR

FEC Identification Number

**C** C00566174

City SUGARLAND State TX Zip Code 77478

**Transaction ID : SB21B.4150**  
Amount of Each Disbursement this Period

Purpose of Disbursement  
BANK CHARGE: B OF A MERCHANT SERVICE FEES

**001**  
Category/  
Type

683.89

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

949.80

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: INTERCHANGE FEES

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4158

Amount of Each Disbursement this Period

1056.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: USA ePAY FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 2353 TOWN CENTER DR

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement  
BANK CHARGE: ACCOUNT ANALYSIS CHARGE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 23 / 2017

FEC Identification Number

C C00566174

Transaction ID : SB21B.4128

Amount of Each Disbursement this Period

215.49

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1292.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4104**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4105**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4106**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4107**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4108**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4109**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4110**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4111**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4112**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4113**  
Amount of Each Disbursement this Period  
3543.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4114**  
Amount of Each Disbursement this Period  
4932.49

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: DIRECT RESPONSE FUNDRAISING

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2017

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4115**  
Amount of Each Disbursement this Period  
4918.97

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 13394.87

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4187**

Amount of Each Disbursement this Period: 3500.00

Memo Item

**B. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4188**

Amount of Each Disbursement this Period: 3500.00

Memo Item

**C. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4189**

Amount of Each Disbursement this Period: 3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2017

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4194**  
Amount of Each Disbursement this Period  
3500.00

Memo Item

**B. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4191**  
Amount of Each Disbursement this Period  
3500.00

Memo Item

**C. MACKENZIE & COMPANY**

Full Name (Last, First, Middle Initial)  
Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 19 / 2017

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4192**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9500.00

**TOTAL** This Period (last page this line number only)..... ▶ 140511.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
01 / 18 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4116**

Amount of Each Disbursement this Period

31469.24

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
01 / 25 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4117**

Amount of Each Disbursement this Period

39280.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y  
02 / 10 / 2017

FEC Identification Number

C00566174

**Transaction ID : SB29.4118**

Amount of Each Disbursement this Period

67971.12

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

138721.32

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.4116

GIVEN THE "NEWS" MEDIA'S CONSTANT ANTI-TRUMP AGENDA AND NUMEROUS FAKE NEWS STORIES;  
THE TEA PARTY MAJORITY IS CONTACTING VOTERS AND ENCOURAGING THEM TO STAY STRONG AND  
SUPPORT THE PRESIDENT'S EFFORTS TO MAKE AMERICA GREAT AGAIN.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

**004**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB29.4119**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

**004**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB29.4120**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

**004**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB29.4121**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2017

FEC Identification Number

C00566174

Transaction ID : SB29.4122

Amount of Each Disbursement this Period

53394.60

Memo Item

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2017

FEC Identification Number

C00566174

Transaction ID : SB29.4123

Amount of Each Disbursement this Period

20488.66

Memo Item

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS

001  
 002  
 003  
 004  
 005  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 16 / 2017

FEC Identification Number

C00566174

Transaction ID : SB29.4124

Amount of Each Disbursement this Period

15991.73

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

89874.99

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

Full Name (Last, First, Middle Initial) <b>A. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00566174 <b>Transaction ID : SB29.4125</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS		Amount of Each Disbursement this Period 20079.30
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00566174 <b>Transaction ID : SB29.4126</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS		Amount of Each Disbursement this Period 27950.76
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2017
Mailing Address 325 SPRINGSIDE DRIVE		FEC Identification Number C00566174 <b>Transaction ID : SB29.4127</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement PHONE BANK: PRO-TRUMP VOTER CONTACT CALLS		Amount of Each Disbursement this Period 27874.14
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75904.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MESSAGE MADE EASY LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 3560 W MARKET ST  
SUITE 100

City AKRON State OH Zip Code 44333

Purpose of Disbursement COPYWRITING: SUPPORT THE PRESIDENT MESSAGE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number C C00566174  
**Transaction ID : SB29.4183**

Amount of Each Disbursement this Period 1065.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement MM / DD / YYYY

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1065.00
<b>TOTAL</b> This Period (last page this line number only).....▶	458220.20