



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		<input type="text" value="155536.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="155536.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="900560.87"/>	<input type="text" value="900560.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1056097.50"/>	<input type="text" value="1056097.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1021518.90"/>	<input type="text" value="1021518.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34578.60"/>	<input type="text" value="34578.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="25682.60"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**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).....	25683.00	25683.00
(ii) Unitemized .....	874877.87	874877.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	900560.87	900560.87
(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) .....	900560.87	900560.87
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))..... ▶	900560.87	900560.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	900560.87	900560.87

**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 .....	847101.50	847101.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	847101.50	847101.50
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) .....	174317.40	174317.40
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1021518.90	1021518.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1021518.90	1021518.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	900560.87	900560.87
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	900460.87	900460.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	847101.50	847101.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	847101.50	847101.50

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

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

FOR LINE NUMBER: PAGE 6 OF 203  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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. MR RAMIN AKHBARI 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 MARIANNA WAY  
 City State Zip Code  
 CAMPBELL CA 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HITAIL SELF EMPLOYED  
 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  
 06 / 22 / 2015  
**Transaction ID : SA11AI.4879**  
 Amount of Each Receipt this Period  
 150.00

**B. MR RAMIN AKHBARI 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 MARIANNA WAY  
 City State Zip Code  
 CAMPBELL CA 95008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HITAIL SELF EMPLOYED  
 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 / 23 / 2015  
**Transaction ID : SA11AI.4881**  
 Amount of Each Receipt this Period  
 50.00

**C. MS KATHERINE C ARTHUR 285**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2105 SHEPARD ST  
 City State Zip Code  
 MOREHEAD CITY NC 28557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE HOMEMAKER  
 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 / 03 / 2015  
**Transaction ID : SA11AI.5497**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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: PAGE 7 OF 203  
(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. MS MARGARET AUSTIN 850**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4712 E FLOWER ST  
 City PHOENIX State AZ Zip Code 85018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AZ HEALTH & HUMAN SRV Occupation 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  
 06 / 19 / 2015  
**Transaction ID : SA11AI.5652**  
 Amount of Each Receipt this Period  
 50.00

**B. MS MARGARET AUSTIN 850**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4712 E FLOWER ST  
 City PHOENIX State AZ Zip Code 85018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AZ HEALTH & HUMAN SRV Occupation 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  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38127**  
 Amount of Each Receipt this Period  
 0.00

**C. MR DANIEL BARBER 380**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2337 BEECHAM PL N  
 City CORDOVA State TN Zip Code 38016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CPA - TAX PREPARER  
 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 / 15 / 2015  
**Transaction ID : SA11AI.5954**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 8 OF 203
	<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. MR DANIEL BARBER 380**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2337 BEECHAM PL N  
 City State Zip Code  
 CORDOVA TN 38016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED CPA - TAX PREPARER  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38128**  
 Amount of Each Receipt this Period  
 0.00

**B. MR RANDY BENNETT 672**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 N LITCHFIELD ST  
 City State Zip Code  
 WICHITA KS 67203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 22 / 2015  
**Transaction ID : SA11AI.6637**  
 Amount of Each Receipt this Period  
 100.00

**C. MR RANDY BENNETT 672**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2036 N LITCHFIELD ST  
 City State Zip Code  
 WICHITA KS 67203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 30 / 2015  
**Transaction ID : SA11AI.38129**  
 Amount of Each Receipt this Period  
 0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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 203
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**TEA PARTY MAJORITY FUND**

**A. MR JAMES BLACKMAN 446**

Full Name (Last, First, Middle Initial)  
Mailing Address 5871 ELY RD

City WOOSTER State OH Zip Code 44691

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

Name of Employer NONE Occupation 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 / 19 / 2015

**Transaction ID : SA11AI.7055**

Amount of Each Receipt this Period  
 200.00

**B. MR DICK BOWMAN 968**

Full Name (Last, First, Middle Initial)  
Mailing Address 725 KAPIOLANI BLVD  
APT 1204

City HONOLULU State HI Zip Code 96815

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2015

**Transaction ID : SA11AI.7583**

Amount of Each Receipt this Period  
 88.00

**C. MR DICK BOWMAN 968**

Full Name (Last, First, Middle Initial)  
Mailing Address 725 KAPIOLANI BLVD  
APT 1204

City HONOLULU State HI Zip Code 96815

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : SA11AI.38130**

Amount of Each Receipt this Period  
 0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.00
<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 10 OF 203  
(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. MR HOWARD BREBECK 168**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 W GATESBURG RD  
 City WARRIORS MARK State PA Zip Code 16877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER  
 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  
 05 / 01 / 2015  
**Transaction ID : SA11AI.7806**  
 Amount of Each Receipt this Period  
 100.00

**B. MR HOWARD BREBECK 168**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 W GATESBURG RD  
 City WARRIORS MARK State PA Zip Code 16877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER  
 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  
 06 / 10 / 2015  
**Transaction ID : SA11AI.7807**  
 Amount of Each Receipt this Period  
 100.00

**C. MR HOWARD BREBECK 168**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 W GATESBURG RD  
 City WARRIORS MARK State PA Zip Code 16877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER  
 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  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38131**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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: PAGE 11 OF 203  
(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. MS LINDA BROWN 863**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1093 N WIDE OPEN TRL  
 City State Zip Code  
 PRESCOTT VLY AZ 86314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 08 / 2015  
**Transaction ID : SA11AI.8252**  
 Amount of Each Receipt this Period  
 200.00

**B. MR CHARLES H BRUNIE 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 PARTRIDGE HOLLOW RD  
 City State Zip Code  
 GREENWICH CT 06831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED 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 / 06 / 2015  
**Transaction ID : SA11AI.8328**  
 Amount of Each Receipt this Period  
 300.00

**C. MR DOUGLAS BURTON 787**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12609 SILVER SPUR  
 City State Zip Code  
 AUSTIN TX 78727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BEROX CORP TREASURER  
 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 / 06 / 2015  
**Transaction ID : SA11AI.8707**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 12 OF 203
	<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. MR DOUGLAS BURTON 787**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12609 SILVER SPUR  
 City AUSTIN State TX Zip Code 78727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEROX CORP Occupation TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2015  
**Transaction ID : SA11AI.8708**  
 Amount of Each Receipt this Period  
 200.00

**B. MR DOUGLAS BURTON 787**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12609 SILVER SPUR  
 City AUSTIN State TX Zip Code 78727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BEROX CORP Occupation TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : SA11AI.8706**  
 Amount of Each Receipt this Period  
 100.00

**C. MS ANN BUSSEN 631**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13020 PEMBROOKE VALLEY CT  
 City SAINT LOUIS State MO Zip Code 63141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : SA11AI.8755**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<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 13 OF 203  
(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. MR G M CANDELA 110**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 RIBBON ST  
 City State Zip Code  
 FRANKLIN SQUARE NY 11010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNEMPLOYED CUSTOMER SERVICE REPRESN  
 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 / 28 / 2015  
**Transaction ID : SA11AI.9061**  
 Amount of Each Receipt this Period  
 250.00

**B. MS MARLENE CASEY 076**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 618 RIVER RD  
 City State Zip Code  
 NEW MILFORD NJ 07646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CAPITAL ALTERNATIVE CORPO SELF EMPLOYED  
 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 / 17 / 2015  
**Transaction ID : SA11AI.9372**  
 Amount of Each Receipt this Period  
 250.00

**C. MS FRANCES CODY 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7501 E THOMPSON PEAK PKWY UNIT  
 City State Zip Code  
 SCOTTSDALE AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 06 / 2015  
**Transaction ID : SA11AI.10101**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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: PAGE 14 OF 203  
(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. MS FRANCES CODY 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7501 E THOMPSON PEAK PKWY UNIT  
 City State Zip Code  
 SCOTTSDALE AZ 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 30 / 2015  
**Transaction ID : SA11AI.38132**  
 Amount of Each Receipt this Period  
 0.00

**B. MR FRANCIS COLLINS 954**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17020 PARK AVE  
 City State Zip Code  
 SONOMA CA 95476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED BUILDER  
 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 / 05 / 2015  
**Transaction ID : SA11AI.10234**  
 Amount of Each Receipt this Period  
 300.00

**C. MR IRA COMBS 492**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4580 EAGLE DR  
 City State Zip Code  
 JACKSON MI 49201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CCH INC ADMINISTRATOR  
 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 / 2015  
**Transaction ID : SA11AI.10270**  
 Amount of Each Receipt this Period  
 200.00

**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: PAGE 16 OF 203  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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. MR JACK E CUTTING 773**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17327 VILLAGE BREEZE DR  
 City State Zip Code  
 TOMBALL TX 77377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TCPN CUSTOMER SERVICE REPRESN  
 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 / 15 / 2015  
**Transaction ID : SA11AI.11190**  
 Amount of Each Receipt this Period  
 200.00

**B. MR MILLARD E DAILEY 622**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 ROSELAWN AVE  
 City State Zip Code  
 FAIRVIEW HEIGHTS IL 62208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 22 / 2015  
**Transaction ID : SA11AI.11229**  
 Amount of Each Receipt this Period  
 300.00

**C. MR MILLARD E DAILEY 622**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 ROSELAWN AVE  
 City State Zip Code  
 FAIRVIEW HEIGHTS IL 62208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 30 / 2015  
**Transaction ID : SA11AI.38133**  
 Amount of Each Receipt this Period  
 0.00

**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: PAGE 17 OF 203  
(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. MR JAMES DENTINGER 680**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 E CARY ST  
 City State Zip Code  
 PAPHILLION NE 68046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FIRST COMMAND FINANCIAL PLANNING FINANCIAL ADVISOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11AI.11841**  
 Amount of Each Receipt this Period  
 150.00

**B. MR JAMES DENTINGER 680**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 E CARY ST  
 City State Zip Code  
 PAPHILLION NE 68046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FIRST COMMAND FINANCIAL PLANNING FINANCIAL ADVISOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38134**  
 Amount of Each Receipt this Period  
 0.00

**C. MR OTIS E DOTSON 242**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9517 DOTSON HOLLOW RD  
 City State Zip Code  
 POUND VA 24279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015  
**Transaction ID : SA11AI.12278**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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: PAGE 18 OF 203  
(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. MR OTIS E DOTSON 242**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9517 DOTSON HOLLOW RD  
 City POUND State VA Zip Code 24279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11AI.12279**  
 Amount of Each Receipt this Period  
 150.00

**B. MS CATHY DUNCAN 934**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 816  
 City LOS ALAMOS State CA Zip Code 93440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARTER DUNCAN CORP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015  
**Transaction ID : SA11AI.12572**  
 Amount of Each Receipt this Period  
 200.00

**C. MS CATHY DUNCAN 934**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 816  
 City LOS ALAMOS State CA Zip Code 93440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CARTER DUNCAN CORP Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38135**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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: PAGE 19 OF 203  
(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. MS JOYCE C EDDY 305**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 RED DELICIOUS  
 City CLARKESVILLE State GA Zip Code 30523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HABERSHAM Occupation 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  
 06 / 19 / 2015  
**Transaction ID : SA11AI.12856**  
 Amount of Each Receipt this Period  
 200.00

**B. MS LOIS EDGERLY 021**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 HIGHLAND ST  
 City CAMBRIDGE State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 08 / 2015  
**Transaction ID : SA11AI.12873**  
 Amount of Each Receipt this Period  
 200.00

**C. MS LOIS EDGERLY 021**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 HIGHLAND ST  
 City CAMBRIDGE State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 15 / 2015  
**Transaction ID : SA11AI.12872**  
 Amount of Each Receipt this Period  
 100.00

**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: PAGE 20 OF 203  
(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. MR ROY EHLERS 902**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4735 W BROADWAY APT 15  
 City State Zip Code  
 HAWTHORNE CA 90250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 13 / 2015  
**Transaction ID : SA11AI.12973**  
 Amount of Each Receipt this Period  
 100.00

**B. MR DUANE J FARR 554**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 WINFIELD AVE  
 City State Zip Code  
 MINNEAPOLIS MN 55422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 207.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11AI.13557**  
 Amount of Each Receipt this Period  
 100.00

**C. MR DUANE J FARR 554**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 WINFIELD AVE  
 City State Zip Code  
 MINNEAPOLIS MN 55422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 207.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38136**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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: PAGE 21 OF 203  
(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. MS MARGARET L FLEENOR 352**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3517 LENOX RD  
 City BIRMINGHAM State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 15 / 2015  
**Transaction ID : SA11AI.13992**  
 Amount of Each Receipt this Period  
 250.00

**B. MS GERALDINE FOX 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 FANFARE WAY APT 7306  
 City ALPHARETTA State GA Zip Code 30009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 11 / 2015  
**Transaction ID : SA11AI.14275**  
 Amount of Each Receipt this Period  
 200.00

**C. MS ANN M GEORGE 109**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 LEEWARD DR  
 City HAVERSTRAW State NY Zip Code 10927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 2015  
**Transaction ID : SA11AI.15039**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 22 OF 203
	<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. MS ANN M GEORGE 109**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 LEEWARD DR  
 City HAVERSTRAW State NY Zip Code 10927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38137**  
 Amount of Each Receipt this Period  
 0.00

**B. MR ROBERT A HALL 864**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 LAKESIDE DR 359  
 City BULLHEAD CITY State AZ Zip Code 86442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 01 / 2015  
**Transaction ID : SA11AI.16488**  
 Amount of Each Receipt this Period  
 250.00

**C. MR ROBERT A HALL 864**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1660 LAKESIDE DR 359  
 City BULLHEAD CITY State AZ Zip Code 86442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38138**  
 Amount of Each Receipt this Period  
 0.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 23 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. MR WILLARD L HARBACH 610**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 N STAGECOACH TRL  
 City WARREN State IL Zip Code 61087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBACH FARMS LTD Occupation PRESIDENT  
 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 / 17 / 2015  
**Transaction ID : SA11AI.16723**  
 Amount of Each Receipt this Period  
 300.00

**B. MR WILLARD L HARBACH 610**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6900 N STAGECOACH TRL  
 City WARREN State IL Zip Code 61087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBACH FARMS LTD Occupation PRESIDENT  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38139**  
 Amount of Each Receipt this Period  
 0.00

**C. MRS PEGGY HARD 494**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11806 WILSON ST  
 City COOPERSVILLE State MI Zip Code 49404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 01 / 2015  
**Transaction ID : SA11AI.16736**  
 Amount of Each Receipt this Period  
 50.00

<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: PAGE 24 OF 203  
(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. MRS PEGGY HARD 494**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11806 WILSON ST  
 City State Zip Code  
 COOPERSVILLE MI 49404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 30 / 2015  
**Transaction ID : SA11AI.38140**  
 Amount of Each Receipt this Period  
 0.00

**B. MS RUTH T HAWK 452**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 INGLESIDE AVE  
 UNIT 9B  
 City State Zip Code  
 CINCINNATI OH 45206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 01 / 2015  
**Transaction ID : SA11AI.17110**  
 Amount of Each Receipt this Period  
 150.00

**C. MS RUTH T HAWK 452**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 INGLESIDE AVE  
 UNIT 9B  
 City State Zip Code  
 CINCINNATI OH 45206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 30 / 2015  
**Transaction ID : SA11AI.38141**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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: PAGE 25 OF 203  
(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**

Full Name (Last, First, Middle Initial)  
**A. MR SABAH B HEIM 995**

Mailing Address 14440 OLD SEWARD HWY

City ANCHORAGE State AK Zip Code 99515

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

Name of Employer NONE Occupation 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 / 02 / 2015  
**Transaction ID : SA11AI.17354**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. MR SABAH B HEIM 995**

Mailing Address 14440 OLD SEWARD HWY

City ANCHORAGE State AK Zip Code 99515

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

Name of Employer NONE Occupation RETIRED

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  
 05 / 27 / 2015  
**Transaction ID : SA11AI.17355**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. MS LAUREL HIPPENSTEEL 170**

Mailing Address 222 MARKET ST

City NEW CUMBERLND State PA Zip Code 17070

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

Name of Employer NONE Occupation 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 / 29 / 2015  
**Transaction ID : SA11AI.17910**

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1075.00

**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: PAGE 26 OF 203  
(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. MS LAUREL HIPPENSTEEL 170**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 MARKET ST  
 City NEW CUMBERLND State PA Zip Code 17070  
 Date of Receipt 06 / 29 / 2015  
 Transaction ID : SA11AI.17909  
 Amount of Each Receipt this Period 75.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 325.00

**B. MS LAUREL HIPPENSTEEL 170**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 MARKET ST  
 City NEW CUMBERLND State PA Zip Code 17070  
 Date of Receipt 06 / 30 / 2015  
 Transaction ID : SA11AI.38142  
 Amount of Each Receipt this Period 0.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 325.00

**C. MR ROBERT S HUTCHISON 902**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1716 PASEO DEL MAR  
 City PALOS VERDES ESTAT State CA Zip Code 90274  
 Date of Receipt 04 / 27 / 2015  
 Transaction ID : SA11AI.18790  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer HUTCHISON CORP Occupation BUILDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**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 27 OF 203
	<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. MR WILLIAM L IRWIN 217**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 UNAKITE CT  
 City MIDDLETOWN State MD Zip Code 21769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 16 / 2015  
**Transaction ID : SA11AI.18916**  
 Amount of Each Receipt this Period  
 100.00

**B. MR WILLIAM L IRWIN 217**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7105 UNAKITE CT  
 City MIDDLETOWN State MD Zip Code 21769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38143**  
 Amount of Each Receipt this Period  
 0.00

**C. MR ARVIN JANZEN 807**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 EDISON ST  
 City BRUSH State CO Zip Code 80723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A&R AUTOMOTIVE Occupation 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 / 21 / 2015  
**Transaction ID : SA11AI.19176**  
 Amount of Each Receipt this Period  
 200.00

<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: PAGE 28 OF 203  
(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. MR PAUL A JOHNSON 651**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2006 DAISY LN  
 City State Zip Code  
 JEFFERSON CITY MO 65109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 08 / 2015  
**Transaction ID : SA11AI.19507**  
 Amount of Each Receipt this Period  
 500.00

**B. MS PAULINE JONES 801**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3091 MILL VISTA RD  
 UNIT 1013  
 City State Zip Code  
 HIGHLANDS RANCH CO 80129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 06 / 2015  
**Transaction ID : SA11AI.19759**  
 Amount of Each Receipt this Period  
 200.00

**C. MS PAULINE JONES 801**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3091 MILL VISTA RD  
 UNIT 1013  
 City State Zip Code  
 HIGHLANDS RANCH CO 80129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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  
 05 / 04 / 2015  
**Transaction ID : SA11AI.19761**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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: PAGE 29 OF 203  
(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. MS MARION E KINTNER 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2114 LYNNE DR  
 City NORTH BEND State OR Zip Code 97459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 2015  
**Transaction ID : SA11AI.20559**  
 Amount of Each Receipt this Period  
 100.00

**B. MR JOSEPH F LOWREY 180**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 SPRING BROOK TER  
 City NAZARETH State PA Zip Code 18064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 29 / 2015  
**Transaction ID : SA11AI.22560**  
 Amount of Each Receipt this Period  
 150.00

**C. MR JOSEPH F LOWREY 180**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 SPRING BROOK TER  
 City NAZARETH State PA Zip Code 18064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38144**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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: PAGE 30 OF 203  
(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. MR PHILLIP LYMAN 824**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2852 E US HIGHWAY 16  
 City State Zip Code  
 TEN SLEEP WY 82442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED RANCHER  
 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 / 15 / 2015  
**Transaction ID : SA11AI.22699**  
 Amount of Each Receipt this Period  
 200.00

**B. MR CHARLES LYNCH 453**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2051 STATE ROUTE 571  
 City State Zip Code  
 GREENVILLE OH 45331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 05 / 2015  
**Transaction ID : SA11AI.22715**  
 Amount of Each Receipt this Period  
 200.00

**C. MS PATRICIA C LYNCH 816**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2176  
 City State Zip Code  
 EDWARDS CO 81632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 13 / 2015  
**Transaction ID : SA11AI.22721**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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: PAGE 31 OF 203  
(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. MR ROBERT E MALONE 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18721 E BUCKSKIN DR  
 City RIO VERDE State AZ Zip Code 85263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 29 / 2015  
**Transaction ID : SA11AI.23005**  
 Amount of Each Receipt this Period  
 200.00

**B. MRS KAREN L MARTINS 838**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1981  
 City BONNERS FERRY State ID Zip Code 83805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 17 / 2015  
**Transaction ID : SA11AI.23385**  
 Amount of Each Receipt this Period  
 150.00

**C. MRS KAREN L MARTINS 838**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1981  
 City BONNERS FERRY State ID Zip Code 83805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38145**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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: PAGE 32 OF 203  
(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. MR JAMES H MAY 462**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7728 SILVER MOON WAY  
 City INDIANAPOLIS State IN Zip Code 46259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 2015  
**Transaction ID : SA11AI.23612**  
 Amount of Each Receipt this Period  
 100.00

**B. MR JAMES H MAY 462**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7728 SILVER MOON WAY  
 City INDIANAPOLIS State IN Zip Code 46259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 30 / 2015  
**Transaction ID : SA11AI.38146**  
 Amount of Each Receipt this Period  
 0.00

**C. MR RON MCKAY 790**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11670 COUNTY ROAD 44  
 City DALHART State TX Zip Code 79022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M&M FARM & RANCH MGMT CO Occupation DIRECTOR  
 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 / 06 / 2015  
**Transaction ID : SA11AI.24080**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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:	PAGE 33 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. MR RON MCKAY 790**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11670 COUNTY ROAD 44  
 City State Zip Code  
 DALHART TX 79022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 M&M FARM & RANCH MGMT CO DIRECTOR  
 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 / 07 / 2015  
**Transaction ID : SA11AI.24079**  
 Amount of Each Receipt this Period  
 50.00

**B. MR RON MCKAY 790**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11670 COUNTY ROAD 44  
 City State Zip Code  
 DALHART TX 79022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 M&M FARM & RANCH MGMT CO DIRECTOR  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38147**  
 Amount of Each Receipt this Period  
 0.00

**C. MR KEITH MCLARNAN 394**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 DOVERCLIFF RD  
 City State Zip Code  
 HATTIESBURG MS 39402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE 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 / 13 / 2015  
**Transaction ID : SA11AI.24139**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 34 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. MS RITA MEEKS 476</b>		Date of Receipt
Mailing Address 7922 JENNER RD		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHANDLER	IN	47610
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24364</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
LRM HOLDINGS INC	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM MESEROLE 334</b>		Date of Receipt
Mailing Address 720 BELLA VISTA CT S		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
JUPITER	FL	33477
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.24524</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR PETER MOLONEY 117</b>		Date of Receipt
Mailing Address 10 SWAN VIEW DR		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
PATCHOGUE	NY	11772
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25159</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
BROOKHAVEN MEMORIAL HOSPITAL	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<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: PAGE 35 OF 203  
(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. MR PETER MOLONEY 117**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 SWAN VIEW DR  
 City PATCHOGUE State NY Zip Code 11772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BROOKHAVEN MEMORIAL HOSPITAL Occupation DIRECTOR  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38148**  
 Amount of Each Receipt this Period  
 0.00

**B. MS VIRGINIA MOSBY 959**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 786  
 City MAXWELL State CA Zip Code 95955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation 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 / 06 / 2015  
**Transaction ID : SA11AI.25575**  
 Amount of Each Receipt this Period  
 250.00

**C. MS BARBARA MULLIS 317**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 182 CENTURY RD E  
 City LEESBURG State GA Zip Code 31763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 29 / 2015  
**Transaction ID : SA11AI.25777**  
 Amount of Each Receipt this Period  
 250.00

**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 36 OF 203
	<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**

Full Name (Last, First, Middle Initial) <b>A. MR BRIAN NELSON 684</b>		Date of Receipt
Mailing Address 12000 SW 14TH ST		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City ROCA	State NE	Zip Code 68430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.26169</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation TRUCKER		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR BRIAN NELSON 684</b>		Date of Receipt
Mailing Address 12000 SW 14TH ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City ROCA	State NE	Zip Code 68430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.38149</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation TRUCKER		<input type="text" value="0.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR JOEL W NEWBY 770</b>		Date of Receipt
Mailing Address 7802 WICKERSHAM LN		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City HOUSTON	State TX	Zip Code 77063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.26262</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="425.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="425.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
<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: PAGE 37 OF 203  
(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. MR JOEL W NEWBY 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7802 WICKERSHAM LN  
 City HOUSTON State TX Zip Code 77063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2015  
**Transaction ID : SA11AI.38162**  
 Amount of Each Receipt this Period  
 425.00

**B. MR WINFORD T NOWELL 018**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 ROLLINS ST  
 City GROVELAND State MA Zip Code 01834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11AI.26602**  
 Amount of Each Receipt this Period  
 100.00

**C. MS SARAH A NOZNIISKY 142**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 HARDING AVE  
 City BUFFALO State NY Zip Code 14217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2015  
**Transaction ID : SA11AI.26612**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**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: PAGE 38 OF 203  
(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. MS SARAH A NOZNISKY 142**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 HARDING AVE  
 City BUFFALO State NY Zip Code 14217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38150**  
 Amount of Each Receipt this Period  
 0.00

**B. MS NANCY C OAKES 563**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 540 17TH ST N  
 City SAINT CLOUD State MN Zip Code 56303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2015  
**Transaction ID : SA11AI.26660**  
 Amount of Each Receipt this Period  
 200.00

**C. MS CONNIE ONEIL 681**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3214 N 159TH AVE  
 City OMAHA State NE Zip Code 68116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11AI.26903**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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: PAGE 39 OF 203  
(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. MS LINDA PRIDE 199**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14161 STEAMBOAT LANDING RD  
 City MILTON State DE Zip Code 19968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEAM BOAT LANDING Occupation 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  
 06 / 12 / 2015  
**Transaction ID : SA11AI.28620**  
 Amount of Each Receipt this Period  
 200.00

**B. MR GREGORY A PROUGH 894**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 LA JOLLA LN  
 City SPARKS State NV Zip Code 89441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer REAL ESTATE Occupation 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  
 02 / 20 / 2015  
**Transaction ID : SA11AI.28672**  
 Amount of Each Receipt this Period  
 250.00

**C. MR KEVIN REEVES 786**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 SAINT WILLIAMS LOOP  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SALESMAN  
 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 / 08 / 2015  
**Transaction ID : SA11AI.29231**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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: PAGE 40 OF 203  
(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. MR KEVIN REEVES 786**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1604 SAINT WILLIAMS LOOP  
 City ROUND ROCK State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation SALESMAN  
 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  
 06 / 08 / 2015  
**Transaction ID : SA11AI.29230**  
 Amount of Each Receipt this Period  
 350.00

**B. MR RICK REMINGTON 616**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8777 N PICTURE RIDGE RD  
 City PEORIA State IL Zip Code 61615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHAMPION EDGE Occupation SALESMAN  
 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 / 05 / 2015  
**Transaction ID : SA11AI.29323**  
 Amount of Each Receipt this Period  
 250.00

**C. MR LARRY REMPEL 154**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 STEPPING STONE RD  
 City CONFLUENCE State PA Zip Code 15424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEPPING STONE FARM Occupation 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  
 04 / 29 / 2015  
**Transaction ID : SA11AI.29327**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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: PAGE 41 OF 203  
(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. MR LARRY REMPEL 154**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 STEPPING STONE RD  
 City CONFLUENCE State PA Zip Code 15424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEPPING STONE FARM Occupation 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  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38151**  
 Amount of Each Receipt this Period  
 0.00

**B. MR ROBERT S RICE 750**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8709 HAVENWOOD TRL  
 City PLANO State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLUE CROSS AND SHIELD OF TX Occupation INSURANCE AGENT  
 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 / 03 / 2015  
**Transaction ID : SA11AI.29504**  
 Amount of Each Receipt this Period  
 250.00

**C. MR NORMAN ROBERT 708**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 HERMADEL DR  
 City BATON ROUGE State LA Zip Code 70816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 08 / 2015  
**Transaction ID : SA11AI.29812**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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:	PAGE 42 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

Full Name (Last, First, Middle Initial) <b>A. MS PATRICIA RODENBAUGH 194</b>		Date of Receipt
Mailing Address 175 COUNTRY LN		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
PHOENIXVILLE	PA	19460
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.29976</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR CHARLES A ROPER 920</b>		Date of Receipt
Mailing Address 6733 CANTIL ST		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
CARLSBAD	CA	92009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30155</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR TIMOTHY G ROTHWELL 085</b>		Date of Receipt
Mailing Address 207 SANDY RIDGE MOUNT AIRY RD		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City	State	Zip Code
STOCKTON	NJ	08559
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30298</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1300.00"/>
<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 203
	<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**

Full Name (Last, First, Middle Initial) <b>A. MR GEORGE SANDERS 750</b>		Date of Receipt
Mailing Address 14131 MIDWAY RD		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
ADDISON	TX	75001
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.30725</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
CONTINENTAL US MGMT CORP	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR GEORGE SANDERS 750</b>		Date of Receipt
Mailing Address 14131 MIDWAY RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
ADDISON	TX	75001
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.38152</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="0.00"/>
Name of Employer	Occupation	
CONTINENTAL US MGMT CORP	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR JOHN M SANSOM 325</b>		Date of Receipt
Mailing Address 9455 PENSACOLA BLVD STE B		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
PENSACOLA	FL	32534
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.30762</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
Name of Employer	Occupation	
ACCOUNTANT	CUSTOMER SERVICE REPRESN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 203
	<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. MR JOHN M SANSOM 325**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9455 PENSACOLA BLVD  
 STE B  
 City PENSACOLA State FL Zip Code 32534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACCOUNTANT Occupation CUSTOMER SERVICE REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**  
**Transaction ID : SA11AI.30763**  
 Amount of Each Receipt this Period  
**500.00**

**B. MR TERRY SCARBOROUGH 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5031 JACKWOOD ST  
 City HOUSTON State TX Zip Code 77096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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 / 2015**  
**Transaction ID : SA11AI.30867**  
 Amount of Each Receipt this Period  
**100.00**

**C. MR STEVEN SEAWALT 779**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2183  
 City VICTORIA State TX Zip Code 77902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MACIT INDUSTRIAL Occupation 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 / 08 / 2015**  
**Transaction ID : SA11AI.31415**  
 Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**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: PAGE 45 OF 203  
(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. MR PAUL SINGER 105**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 WINSOR PL  
 City PURCHASE State NY Zip Code 10577  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015  
**Transaction ID : SA11AI.32073**  
 Amount of Each Receipt this Period  
 1000.00

**B. P HARRISON SLOAN 751**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 476 BROOKSHIRE ST  
 City POWELL State TX Zip Code 75153  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11AI.32204**  
 Amount of Each Receipt this Period  
 200.00

**C. MR CHARLES E SPORCK 967**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 KAUMANA PL  
 APT A  
 City KAILUA State HI Zip Code 96734  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2015  
**Transaction ID : SA11AI.32889**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00  
**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: PAGE 46 OF 203  
(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. MS GARNETTA STANYER 760**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 39  
 City GRAPEVINE State TX Zip Code 76099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11AI.33042**  
 Amount of Each Receipt this Period  
 200.00

**B. MS GARNETTA STANYER 760**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 39  
 City GRAPEVINE State TX Zip Code 76099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38155**  
 Amount of Each Receipt this Period  
 0.00

**C. MR JACK STARKS 729**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 N 47TH ST  
 City FORT SMITH State AR Zip Code 72904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2015  
**Transaction ID : SA11AI.33069**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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: PAGE 47 OF 203  
(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. MS BETTY A STEINKE 970**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 98  
 City SAINT HELENS State OR Zip Code 97051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEINKE CONSTRUCTION INC Occupation SECRETARY  
 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 / 26 / 2015  
**Transaction ID : SA11AI.33189**  
 Amount of Each Receipt this Period  
 100.00

**B. MS BETTY A STEINKE 970**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 98  
 City SAINT HELENS State OR Zip Code 97051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEINKE CONSTRUCTION INC Occupation SECRETARY  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38156**  
 Amount of Each Receipt this Period  
 0.00

**C. MR DOUGLAS E SWANSON 995**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10271 HAMPTON DR  
 City ANCHORAGE State AK Zip Code 99507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONICAL PHILLIPS Occupation ENGINEER  
 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 / 05 / 2015  
**Transaction ID : SA11AI.33910**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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:	PAGE 48 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. MS JANUARY SZWEDA 601**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7925 PEBBLEBROOK CIR  
 City HANOVER PARK State IL Zip Code 60133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MILLER BEACH Occupation SALESMAN  
 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 / 2015**  
**Transaction ID : SA11AI.34003**  
 Amount of Each Receipt this Period  
**200.00**

**B. MR MICHAEL L TEAL 780**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 146  
 City TILDEN State TX Zip Code 78072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation RANCHER  
 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 / 02 / 2015**  
**Transaction ID : SA11AI.34196**  
 Amount of Each Receipt this Period  
**500.00**

**C. MR JOHN VRAB 787**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13359 NORTH HIGHWAY 183  
 406206  
 City AUSTIN State TX Zip Code 78750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPACE COACH Occupation ENGINEER  
 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 / 2015**  
**Transaction ID : SA11AI.35730**  
 Amount of Each Receipt this Period  
**200.00**

<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: PAGE 49 OF 203  
(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. MR JOHNNY WALL 383**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 WELCH LN  
 City LAVINIA State TN Zip Code 38348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015  
**Transaction ID : SA11AI.35878**  
 Amount of Each Receipt this Period  
 100.00

**B. MS MIRIAM WALTON 483**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23205 FARMINGTON RD  
 City FARMINGTON State MI Zip Code 48336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : SA11AI.35998**  
 Amount of Each Receipt this Period  
 100.00

**C. MS MIRIAM WALTON 483**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23205 FARMINGTON RD  
 City FARMINGTON State MI Zip Code 48336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38157**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 50 OF 203
	<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. MS PENNY L WESTPHAL 945**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 WEBB LN  
 City LAFAYETTE State CA Zip Code 94549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 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  
 05 / 06 / 2015  
**Transaction ID : SA11AI.36576**  
 Amount of Each Receipt this Period  
 1000.00

**B. LAJEAN C WHITCOMB 740**  
 Full Name (Last, First, Middle Initial)  
 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 LACEBARK INC Occupation OFFICE MANAGER  
 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 / 06 / 2015  
**Transaction ID : SA11AI.36652**  
 Amount of Each Receipt this Period  
 200.00

**C. DONALD A WILLETT 484**  
 Full Name (Last, First, Middle Initial)  
 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 BRIGHT FUTURES INC Occupation VICE PRESIDENT  
 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 / 15 / 2015  
**Transaction ID : SA11AI.36945**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 51 OF 203  
(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. DONALD A WILLETT 484**  
 Full Name (Last, First, Middle Initial)  
 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 BRIGHT FUTURES INC Occupation VICE PRESIDENT  
 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 / 30 / 2015  
**Transaction ID : SA11AI.38158**  
 Amount of Each Receipt this Period  
 0.00

**B. MS ANITA WILLIAMS 671**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 MAPLE ST  
 City NEWTON State KS Zip Code 67114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015  
**Transaction ID : SA11AI.37037**  
 Amount of Each Receipt this Period  
 200.00

**C. MS BARBARA J WINTERLAND 617**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 212  
 City FAIRBURY State IL Zip Code 61739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation 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 / 01 / 2015  
**Transaction ID : SA11AI.37312**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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:	PAGE 52 OF 203
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MR DON WITT 760**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 COUNTY ROAD 913

City JOSHUA	State TX	Zip Code 76058
----------------	-------------	-------------------

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

Name of Employer BLACKHAWK CUSTOM	Occupation 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
06	/	19	/	2015

**Transaction ID : SA11AI.37362**

Amount of Each Receipt this Period  
100.00

**B. MR DON WITT 760**  
Full Name (Last, First, Middle Initial)  
Mailing Address 700 COUNTY ROAD 913

City JOSHUA	State TX	Zip Code 76058
----------------	-------------	-------------------

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

Name of Employer BLACKHAWK CUSTOM	Occupation 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
06	/	30	/	2015

**Transaction ID : SA11AI.38159**

Amount of Each Receipt this Period  
0.00

**C. MR RONALD WOOLEY 776**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2366 BEVERLY ST

City BRIDGE CITY	State TX	Zip Code 77611
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

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	/	08	/	2015

**Transaction ID : SA11AI.37553**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 203
	<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. MR RALPH WRIGHT 630**  
 Full Name (Last, First, Middle Initial)  
 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 CITY OF CHANUTE Occupation ELECTRIC SUPERINTENDENT  
 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 / 08 / 2015  
**Transaction ID : SA11AI.37616**  
 Amount of Each Receipt this Period  
 250.00

**B. MR ORVAN YODER 465**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 144  
 City TOPEKA State IN Zip Code 46571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OK SAW AND TOOL INC Occupation PRESIDENT  
 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  
 06 / 15 / 2015  
**Transaction ID : SA11AI.37744**  
 Amount of Each Receipt this Period  
 50.00

**C. MR ORVAN YODER 465**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 144  
 City TOPEKA State IN Zip Code 46571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OK SAW AND TOOL INC Occupation PRESIDENT  
 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  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38160**  
 Amount of Each Receipt this Period  
 0.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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: PAGE 54 OF 203  
(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. MR LEON ZIMMERMAN 175**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 SILVERWOOD DR  
 City LITITZ State PA Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LASERFAB INC Occupation INVENTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2015  
**Transaction ID : SA11AI.37968**  
 Amount of Each Receipt this Period  
 250.00

**B. MR LEON ZIMMERMAN 175**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 SILVERWOOD DR  
 City LITITZ State PA Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LASERFAB INC Occupation INVENTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : SA11AI.38161**  
 Amount of Each Receipt this Period  
 0.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25683.00

**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEES

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  
01 / 05 / 2015

Transaction ID : **SB21B.4435**

Amount of Each Disbursement this Period

481.13

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

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  
01 / 05 / 2015

Transaction ID : **SB21B.4447**

Amount of Each Disbursement this Period

2884.17

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

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  
01 / 05 / 2015

Transaction ID : **SB21B.4448**

Amount of Each Disbursement this Period

778.33

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4143.63

**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
01		05		2015

City State Zip Code  
FAIRFAX VA 22030

**Transaction ID : SB21B.4449**

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

66.14
-------

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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
01		15		2015

City State Zip Code  
FAIRFAX VA 22030

**Transaction ID : SB21B.4441**

Purpose of Disbursement  
ACCOUNT ANALYSIS FEE

001
Category/ Type

Amount of Each Disbursement this Period

649.25
--------

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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

City State Zip Code  
FAIRFAX VA 22030

**Transaction ID : SB21B.4450**

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

1993.17
---------

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)..... ▶

2708.56
---------

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

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**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4451**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

580.44
--------

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT 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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4452**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

47.11
-------

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT 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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4436**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

395.39
--------

Purpose of Disbursement  
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:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1022.94
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**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4442**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

426.83
--------

Purpose of Disbursement  
ACCOUNT ANALYSIS FEE

001
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4453**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

2108.63
---------

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4454**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

623.25
--------

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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)..... ▶

3158.71
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**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4455**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

861.15
--------

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT 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. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4437**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

315.58
--------

Purpose of Disbursement  
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:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.4443**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

496.95
--------

Purpose of Disbursement  
ACCOUNT ANALYSIS 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)..... ▶

861.15
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**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4438</b>
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 226.07
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4456</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 1395.35
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4457</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 559.98
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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).....▶	2181.40
<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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

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  
04 / 06 / 2015

Transaction ID : **SB21B.4458**

Amount of Each Disbursement this Period

32.07

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
ACCOUNT ANALYSIS 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  
04 / 14 / 2015

Transaction ID : **SB21B.4444**

Amount of Each Disbursement this Period

440.29

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

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  
05 / 04 / 2015

Transaction ID : **SB21B.4459**

Amount of Each Disbursement this Period

1917.74

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2390.10

**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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4460</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 443.99
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4461</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 44.26
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4439</b>
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 303.63
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Category/ Type	
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).....	791.88
<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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4445</b>
City FAIRFAX	State VA	
Purpose of Disbursement ACCOUNT ANALYSIS FEE	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 521.54
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4462</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 1954.27
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.4463</b>
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type <b>001</b>	Amount of Each Disbursement this Period 538.66
Candidate Name <b>TEA PARTY MAJORITY FUND</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3014.47
<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"/> 24	<input type="checkbox"/> 25	<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. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
BANK OF AMERICA CC DISCOUNT FEES

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

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : **SB21B.4464**

Amount of Each Disbursement this Period

44.03

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEES

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

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2015

Transaction ID : **SB21B.4440**

Amount of Each Disbursement this Period

277.73

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
ACCOUNT ANALYSIS 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

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : **SB21B.4446**

Amount of Each Disbursement this Period

360.95

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

682.71

**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"/> 24	<input type="checkbox"/> 25	<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. JAMES D HAGUE**

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
LIST RENTALS

003

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  
01 / 06 / 2015

Transaction ID : **SB21B.4469**

Amount of Each Disbursement this Period

3678.50

Full Name (Last, First, Middle Initial)

**B. JAMES D HAGUE**

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
LIST RENTALS

003

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 / 27 / 2015

Transaction ID : **SB21B.4471**

Amount of Each Disbursement this Period

805.00

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKEETING SOLICITATIONS

003

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  
01 / 06 / 2015

Transaction ID : **SB21B.4482**

Amount of Each Disbursement this Period

91593.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

96077.15

**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"/> 24	<input type="checkbox"/> 25	<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**

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
01		09		2015

City AKRON State OH Zip Code 44333

**Transaction ID : SB21B.4483**

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

76246.88
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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. INFOCISION MANAGEMENT CORP**

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
01		14		2015

City AKRON State OH Zip Code 44333

**Transaction ID : SB21B.4484**

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

29487.02
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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)

**C. INFOCISION MANAGEMENT CORP**

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
01		20		2015

City AKRON State OH Zip Code 44333

**Transaction ID : SB21B.4485**

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

45731.19
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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)..... ▶

151465.09
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4486</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 19206.25	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4487</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 60191.23	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4488</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 54587.41	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	133984.89
<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"/> 24	<input type="checkbox"/> 25	<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. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4489</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 33167.34	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4490</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 17677.06	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4491</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 28772.54	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	79616.94
<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"/> 24	<input type="checkbox"/> 25	<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. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4492</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 45749.93	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	Amount of Each Disbursement this Period 45749.93
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. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4493</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 16306.73	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	Amount of Each Disbursement this Period 16306.73
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. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2015
Mailing Address 325 SPRINGSIDE DR		<b>Transaction ID : SB21B.4494</b>
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 23681.50	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	Amount of Each Disbursement this Period 23681.50
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	85738.16
<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"/> 24	<input type="checkbox"/> 25	<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 DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003

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  
04 / 06 / 2015

Transaction ID : **SB21B.4495**

Amount of Each Disbursement this Period

37138.60

Full Name (Last, First, Middle Initial)

**B. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003

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  
04 / 13 / 2015

Transaction ID : **SB21B.4496**

Amount of Each Disbursement this Period

29747.45

Full Name (Last, First, Middle Initial)

**C. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003

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  
04 / 17 / 2015

Transaction ID : **SB21B.4497**

Amount of Each Disbursement this Period

39630.67

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

106516.72

**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"/> 24	<input type="checkbox"/> 25	<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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2015

Mailing Address 325 SPRINGSIDE DR

**Transaction ID : SB21B.4498**

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

25552.80
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Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2015

Mailing Address 325 SPRINGSIDE DR

**Transaction ID : SB21B.4499**

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

33152.88
----------

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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)

**C. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

Mailing Address 325 SPRINGSIDE DR

**Transaction ID : SB21B.4500**

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

32258.44
----------

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Candidate Name

**TEA PARTY MAJORITY FUND**

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)..... ▶

90964.12
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**TOTAL** This Period (last page this line number only)..... ▶

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**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"/> 24	<input type="checkbox"/> 25	<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

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**

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

Mailing Address 325 SPRINGSIDE DR

**Transaction ID : SB21B.4501**

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

23663.41
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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. INFOCISION MANAGEMENT CORP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2015

Mailing Address 325 SPRINGSIDE DR

**Transaction ID : SB21B.4502**

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

33369.47
----------

Candidate Name

**TEA PARTY MAJORITY FUND**

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)

**C. LYNNBURN COMMUNICATIONS INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Mailing Address 39 CEDARWOOD LN

**Transaction ID : SB21B.4472**

City CHADDS FORD State PA Zip Code 19317

Amount of Each Disbursement this Period

Purpose of Disbursement  
DONOR FILE UPDATE, LIST SELECTION OUTPUT

003
Category/ Type

3750.00
---------

Candidate Name

**TEA PARTY MAJORITY FUND**

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)..... ▶

60782.88
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**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"/> 24	<input type="checkbox"/> 25	<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. MACKENZIE &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 01 / 23 / 2015
Mailing Address 2776 S ARLINGTON MILL DR NUM 806		<b>Transaction ID : SB21B.4476</b>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONSULTING - COMPLIANCE	Category/Type 001	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MACKENZIE &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 2776 S ARLINGTON MILL DR NUM 806		<b>Transaction ID : SB21B.4477</b>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONSULTING - COMPLIANCE	Category/Type 001	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MACKENZIE &amp; COMPANY</b>		Date of Disbursement MM / DD / YYYY 03 / 03 / 2015
Mailing Address 2776 S ARLINGTON MILL DR NUM 806		<b>Transaction ID : SB21B.4478</b>
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONSULTING - COMPLIANCE	Category/Type 001	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<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"/> 24	<input type="checkbox"/> 25	<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

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**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

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

M M M	/	D D D	/	Y Y Y Y Y
03		16		2015

**Transaction ID : SB21B.4479**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

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

M M M	/	D D D	/	Y Y Y Y Y
05		11		2015

**Transaction ID : SB21B.4480**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

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

M M M	/	D D D	/	Y Y Y Y Y
06		04		2015

**Transaction ID : SB21B.4481**

Amount of Each Disbursement this Period

3500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10500.00
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**TOTAL** This Period (last page this line number only)..... ▶

847101.50
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 75 OF 203
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INFOCISION MANAGEMENT CORP</b>	Nature of Debt (Purpose): VOTER CONTACT CALLS
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.4661</b>	
Amount Incurred This Period <input type="text" value="25682.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25682.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="25682.60"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="25682.60"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="25682.60"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 4087.72
Transaction ID: SE.4170
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1874.55
Transaction ID: SE.4171
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 23916.75
Transaction ID : SE.4172
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: CA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3270.85
Transaction ID : SE.4173
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2337.31	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4174</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 591.16	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4175</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

SCOTT B MACKENZIE

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
12676.31
Transaction ID : SE.4176
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: FL
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
6164.63
Transaction ID : SE.4177
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: GA
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE

Signature

[Electronically Filed]

Date

10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1967.48
Transaction ID : SE.4182
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1807.07
Transaction ID : SE.4183
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: KS
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 2817.84
Transaction ID : SE.4184
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 2908.92
Transaction ID : SE.4185
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 891.17
Transaction ID : SE.4186
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: ME
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3771.52
Transaction ID : SE.4187
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MD
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 4361.33
Transaction ID: SE.4188
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 6379.24
Transaction ID: SE.4189
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">3422.85</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4190</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1875.20</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4191</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3869.91
Transaction ID : SE.4192
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 652.91
Transaction ID : SE.4193
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MT
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1315.17</span>
City AKRON      State OH      Zip Code 44333	<b>Transaction ID : SE.4198</b>
Purpose of Expenditure VOTER CONTACT CALLS      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: NM
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">12774.00</span>
City AKRON      State OH      Zip Code 44333	<b>Transaction ID : SE.4199</b>
Purpose of Expenditure VOTER CONTACT CALLS      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed]      Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">6201.20</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4200</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">448.36</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4201</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 7449.25
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4202</b>
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2402.91
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4203</b>
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY 10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2531.45</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4204</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">8400.09</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4205</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 699.97
Transaction ID : SE.4206
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: RI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3028.45
Transaction ID : SE.4207
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: SC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 522.54
Transaction ID : SE.4208
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: SD
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 4133.02
Transaction ID : SE.4209
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: TN
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
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Date 10/30/2015
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
15748.66
Transaction ID : SE.4210
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: TX
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1630.00
Transaction ID : SE.4211
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: UT
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
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Date 10 / 30 / 2015
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 421.12
Transaction ID: SE.4212
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 5253.82
Transaction ID: SE.4213
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
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Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
4416.67
Transaction ID : SE.4214
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: WA
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1237.55
Transaction ID : SE.4215
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: WV
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3690.65
Transaction ID : SE.4216
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: WI
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 364.58
Transaction ID : SE.4217
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: WY
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
431.43
Transaction ID : SE.4218
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1666.25

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1666.25
Transaction ID : SE.4506
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: AZ
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1666.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1260.85
Transaction ID : SE.4509
Date of Disbursement or Obligation
06 / 04 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State: AL

Disbursement For:
Primary
General
2016
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1260.85

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
9749.04
Transaction ID : SE.4510
Date of Disbursement or Obligation
06 / 04 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State: CA

Disbursement For:
Primary
General
2016
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
9749.04

(a) SUBTOTAL of Itemized Independent Expenditures 11009.89
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1333.27</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4511</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1333.27</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">952.74</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4512</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">952.74</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2286.01</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">240.97</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4513</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">240.97</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">5167.16</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4514</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5167.16</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">5408.13</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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SCOTT B MACKENZIE  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2512.84</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4515</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2512.84</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">367.12</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4516</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">367.12</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2879.96</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> C00566174       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>396.85</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4517</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought <b>396.85</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>3351.83</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4518</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought <b>3351.83</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3748.68</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1687.49</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4519</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1687.49</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">801.99</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4520</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">801.99</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2489.48</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 736.60
Date of Public Distribution/Dissemination 06/01/2015
Amount 736.60
Transaction ID: SE.4521
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1148.61
Date of Public Distribution/Dissemination 06/01/2015
Amount 1148.61
Transaction ID: SE.4522
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1885.21
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">1185.74</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4523</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 04 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>1185.74</b></span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">363.26</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4524</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 04 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;"><b>363.26</b></span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;"><b>1549.00</b></span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">_____</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">_____</span>

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

*SCOTT B MACKENZIE* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>1537.36</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4525</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1537.36</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <b>MD</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>1777.78</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4526</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1777.78</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <b>MA</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3315.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed]      Date **10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2600.32</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4527</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2600.32</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1395.23</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4528</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1395.23</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3995.55</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
764.37

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
764.37
Transaction ID : SE.4529
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1577.46

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1577.46
Transaction ID : SE.4530
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2341.83
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">266.14</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4531</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">266.14</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">474.27</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4532</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">474.27</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">740.41</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">706.49</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4533</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">706.49</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">356.14</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4534</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">356.14</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1062.63</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

Signature \_\_\_\_\_

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> C00566174       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>2325.20</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4535</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <b>2325.20</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>536.09</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4536</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <b>536.09</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2861.29</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*  
 Signature

[Electronically Filed]    Date **10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">5206.97</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4537</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5206.97</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2527.75</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4538</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2527.75</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">7734.72</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 182.76
Date of Public Distribution/Dissemination 06/01/2015
Amount 182.76
Transaction ID: SE.4539
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 3036.49
Date of Public Distribution/Dissemination 06/01/2015
Amount 3036.49
Transaction ID: SE.4540
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3219.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 979.48
Transaction ID: SE.4541
Date of Disbursement or Obligation 06/04/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 1031.88
Transaction ID: SE.4542
Date of Disbursement or Obligation 06/04/2015

(a) SUBTOTAL of Itemized Independent Expenditures 2011.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">3424.07</span>
City AKRON      State OH      Zip Code 44333	<b>Transaction ID : SE.4543</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3424.07</span>	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">285.32</span>
City AKRON      State OH      Zip Code 44333	<b>Transaction ID : SE.4544</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS      Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">285.32</span>	Office Sought: <input type="checkbox"/> House      District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: RI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">3709.39</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT B MACKENZIE*      *[Electronically Filed]*      Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

Signature \_\_\_\_\_

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1234.47</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4545</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1234.47</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">213.00</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4546</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">213.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1447.47</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1684.71</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4547</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1684.71</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">6419.51</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4548</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6419.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">8104.22</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 664.43
Date of Public Distribution/Dissemination 06/01/2015
Amount 664.43
Transaction ID: SE.4549
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 171.66
Date of Public Distribution/Dissemination 06/01/2015
Amount 171.66
Transaction ID: SE.4550
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 836.09
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>2141.58</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4551</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>2141.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>1800.34</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4552</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1800.34</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3941.92</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date **10 / 30 / 2015**

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>504.46</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4553</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

504.46

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>1504.39</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4554</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 04 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

1504.39

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2008.85</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed]    Date **10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">148.61</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4555</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">148.61</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">175.86</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4556</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">175.86</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">324.47</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>882.29</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4557</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <b>2143.14</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>128.25</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4558</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <b>311.53</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1010.54</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 2832.21
Date of Public Distribution/Dissemination 06/01/2015
Amount 1165.96
Transaction ID : SE.4559
Date of Disbursement or Obligation 06/15/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 1298.80
Date of Public Distribution/Dissemination 06/01/2015
Amount 534.69
Transaction ID : SE.4560
Date of Disbursement or Obligation 06/15/2015

(a) SUBTOTAL of Itemized Independent Expenditures 1700.65
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
16570.95

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
6821.91
Transaction ID : SE.4561
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: CA
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
2266.23

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
932.96
Transaction ID : SE.4562
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 7754.87
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
666.68
Transaction ID : SE.4563
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
CT

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1619.42
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
168.62
Transaction ID : SE.4564
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
DE

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 835.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 8782.89
Date of Public Distribution/Dissemination 06/01/2015
Amount 3615.73
Transaction ID: SE.4565
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 4271.21
Date of Public Distribution/Dissemination 06/01/2015
Amount 1758.37
Transaction ID: SE.4566
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5374.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 256.89
Transaction ID : SE.4567
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 624.01
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 277.69
Transaction ID : SE.4568
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 674.54
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 534.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 2345.45
Transaction ID: SE.4569
Date of Disbursement or Obligation 06/15/2015
Calendar Year-To-Date Per Election for Office Sought 5697.28

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 1180.83
Transaction ID: SE.4570
Date of Disbursement or Obligation 06/15/2015
Calendar Year-To-Date Per Election for Office Sought 2868.32

(a) SUBTOTAL of Itemized Independent Expenditures 3526.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>561.20</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4571</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1363.19</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>515.44</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4572</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1252.04</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KS</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1076.64</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed]    Date **10 / 30 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1952.36
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2015.47
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1633.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
254.19
Transaction ID : SE.4575
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Office Sought:
President Senate State:
ME

Disbursement For:
Primary General
2016 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
617.45

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1075.77
Transaction ID : SE.4576
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Office Sought:
President Senate State:
MD

Disbursement For:
Primary General
2016 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
2613.13

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 1329.96. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

SCOTT B MACKENZIE

[Electronically Filed]

Date

10 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 3021.79
Date of Public Distribution/Dissemination 06/01/2015
Amount 1244.01
Transaction ID: SE.4577
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4419.91
Date of Public Distribution/Dissemination 06/01/2015
Amount 1819.59
Transaction ID: SE.4578
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3063.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>976.32</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4579</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>2371.55</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <b>MN</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>534.87</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4580</b> Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1299.24</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate      State: <b>MS</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1511.19</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed]      Date **10 / 30 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 2681.30
Date of Public Distribution/Dissemination 06/01/2015
Amount 1103.84
Transaction ID: SE.4581
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 452.37
Date of Public Distribution/Dissemination 06/01/2015
Amount 186.23
Transaction ID: SE.4582
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1290.07
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>331.87</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4583</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought	<b>806.14</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>494.37</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4584</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1200.86</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>826.24</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ Date **10 / 30 / 2015**

[Electronically Filed]

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>249.21</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4585</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <b>605.35</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>1627.07</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4586</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NJ</b>
Calendar Year-To-Date Per Election for Office Sought <b>3952.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1876.28</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">375.13</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4587</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">911.22</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">3643.60</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4588</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">8850.57</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">4018.73</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

Signature \_\_\_\_\_

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1768.80
Transaction ID : SE.4589
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
NC

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
4296.55
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
127.89
Transaction ID : SE.4590
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
ND

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1896.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE

[Electronically Filed]

Date 10 / 30 / 2015

Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2124.79</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4591</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5161.28</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">685.39</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4592</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1664.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2810.18</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 722.06
Transaction ID : SE.4593
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 1753.94
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Date of Public Distribution/Dissemination 06/01/2015
Amount 2396.00
Transaction ID : SE.4594
Date of Disbursement or Obligation 06/15/2015
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 5820.07
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3118.06
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 199.66
Transaction ID: SE.4595
Date of Disbursement or Obligation 06/15/2015
Calendar Year-To-Date Per Election for Office Sought 484.98

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 863.82
Transaction ID: SE.4596
Date of Disbursement or Obligation 06/15/2015
Calendar Year-To-Date Per Election for Office Sought 2098.29

(a) SUBTOTAL of Itemized Independent Expenditures 1063.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">149.05</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4597</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">362.05</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1178.88</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4598</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2863.59</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1327.93</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 10911.59
Date of Public Distribution/Dissemination 06/01/2015
Amount 4492.08
Transaction ID: SE.4599
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1129.36
Date of Public Distribution/Dissemination 06/01/2015
Amount 464.93
Transaction ID: SE.4600
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4957.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 291.78
Date of Public Distribution/Dissemination 06/01/2015
Amount 120.12
Transaction ID: SE.4601
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 3640.16
Date of Public Distribution/Dissemination 06/01/2015
Amount 1498.58
Transaction ID: SE.4602
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1618.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 1259.79
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : <b>SE.4603</b> Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	3060.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR		Amount 352.99
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : <b>SE.4604</b> Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	857.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1612.78
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">1052.70</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4605</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">2557.09</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">103.99</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4606</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 15 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">252.60</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">1156.69</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 298.92
Date of Public Distribution/Dissemination 06/01/2015
Amount 123.06
Transaction ID : SE.4607
Date of Disbursement or Obligation 06/15/2015
Office Sought: President
Disbursement For: General

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 2695.98
Date of Public Distribution/Dissemination 06/01/2015
Amount 552.84
Transaction ID : SE.4608
Date of Disbursement or Obligation 06/18/2015
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 675.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">80.36</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4609</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">391.89</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">730.59</span>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4610</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">3562.80</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">810.95</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**



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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <b>584.59</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.4613</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <b>2850.82</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <b>417.74</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.4614</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought <b>2037.16</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1002.33</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date **10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">105.66</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4615</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">515.25</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2265.62</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4616</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">11048.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2371.28</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

SCOTT B MACKENZIE  
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">M M M M M M</span> <b>1101.79</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4617</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M</span> <b>5373.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <span style="margin-left: 20px;">M M M M M M</span> <b>160.97</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4618</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">M M M M M M</span> <b>784.98</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">M M M M M M</span> <b>1262.76</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">M M M M M M</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">M M M M M M</span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">174.00</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4619</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">848.54</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1469.66</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4620</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7166.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1643.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>739.91</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4621</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <b>3608.23</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 01 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>351.65</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4622</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 18 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>1714.84</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1091.56</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**

Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">322.97</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4623</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1575.01</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">503.63</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4624</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2455.99</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">826.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">519.91</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4625</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2535.38</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">159.28</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4626</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">776.73</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">679.19</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 3287.21
Date of Public Distribution/Dissemination 06/01/2015
Amount 674.08
Transaction ID: SE.4627
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 3801.28
Date of Public Distribution/Dissemination 06/01/2015
Amount 779.49
Transaction ID: SE.4628
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1453.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <b>1140.15</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.4629</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <b>5560.06</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address <b>325 SPRINGSIDE DR</b>		Amount <b>611.76</b>	
City <b>AKRON</b>	State <b>OH</b>	Zip Code <b>44333</b>	<b>Transaction ID : SE.4630</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <b>2983.31</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1751.91</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date **10 / 30 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1634.39

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
335.15
Transaction ID : SE.4631
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3372.96

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
691.66
Transaction ID : SE.4632
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1026.81
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">116.69</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4633</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">569.06</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">207.95</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4634</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1014.09</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">324.64</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
309.77
Transaction ID : SE.4635
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
NV
Calendar Year-To-Date
Per Election for Office Sought
1510.63

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
156.16
Transaction ID : SE.4636
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
NH
Calendar Year-To-Date
Per Election for Office Sought
761.51

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 465.93. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature: SCOTT B MACKENZIE [Electronically Filed] Date: 10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1019.52</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4637</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4971.79</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">235.06</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4638</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1146.28</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1254.58</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

NAME OF COMMITTEE (In Full) <b>TEA PARTY MAJORITY FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>2283.08</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4639</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <b>11133.65</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 01 / 2015</b>	
Mailing Address 325 SPRINGSIDE DR		Amount <b>1108.33</b>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4640</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 18 / 2015</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>5404.88</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>3391.41</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**10 / 30 / 2015**

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">80.13</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4641</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">390.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1331.39</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4642</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6492.67</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1411.52</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">429.47</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4643</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2094.34</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">452.44</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4644</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2206.38</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">881.91</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 7321.41
Date of Public Distribution/Dissemination 06/01/2015
Amount 1501.34
Transaction ID: SE.4645
Date of Disbursement or Obligation 06/18/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 610.08
Date of Public Distribution/Dissemination 06/01/2015
Amount 125.10
Transaction ID: SE.4646
Date of Disbursement or Obligation 06/18/2015

(a) SUBTOTAL of Itemized Independent Expenditures 1626.44
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">541.27</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4647</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2639.56</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">93.39</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4648</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">455.44</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">634.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 3602.28
Date of Public Distribution/Dissemination 06/01/2015
Amount 738.69
Transaction ID: SE.4649
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 13726.33
Date of Public Distribution/Dissemination 06/01/2015
Amount 2814.74
Transaction ID: SE.4650
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3553.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
291.33
Transaction ID : SE.4651
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
UT

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1420.69
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
75.27
Transaction ID : SE.4652
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
VT

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 366.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

SCOTT B MACKENZIE

[Electronically Filed]

Date 10 / 30 / 2015

Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">939.01</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4653</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">4579.17</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">789.39</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4654</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3849.52</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1728.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 317.76
Date of Public Distribution/Dissemination 06/01/2015
Amount 65.16
Transaction ID: SE.4657
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 376.03
Date of Public Distribution/Dissemination 06/01/2015
Amount 77.11
Transaction ID: SE.4658
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 142.27
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2695.98
Date of Public Distribution/Dissemination 06/23/2015
Amount 3093.19
Transaction ID: SE.4332
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 391.89
Date of Public Distribution/Dissemination 06/23/2015
Amount 449.62
Transaction ID: SE.4333
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">4087.72</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4334</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3562.80</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">1874.55</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4335</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1633.84</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 20845.56
Date of Public Distribution/Dissemination 06/23/2015
Amount 23916.75
Transaction ID: SE.4336
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 2850.82
Date of Public Distribution/Dissemination 06/23/2015
Amount 3270.85
Transaction ID: SE.4337
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">2337.31</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4338</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CT
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2037.16</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">591.16</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4339</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DE
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">515.25</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">431.43</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4340</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<span style="border: 1px solid black; padding: 2px;">376.03</span>			

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount <span style="border: 1px solid black; padding: 2px;">12676.31</span>	
City AKRON	State OH	Zip Code 44333	<b>Transaction ID : SE.4341</b>
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<span style="border: 1px solid black; padding: 2px;">11048.51</span>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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

SCOTT B MACKENZIE

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 5373.00

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
6164.63
Transaction ID : SE.4342
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: GA
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 784.98

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
900.63
Transaction ID : SE.4343
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: HI
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 848.54

Date of Public Distribution/Dissemination 06/23/2015
Amount 973.56
Transaction ID : SE.4344
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: ID
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 7166.94

Date of Public Distribution/Dissemination 06/23/2015
Amount 8222.86
Transaction ID : SE.4345
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: IL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 3608.23
Date of Public Distribution/Dissemination 06/23/2015
Amount 4139.84
Transaction ID: SE.4346
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1714.84
Date of Public Distribution/Dissemination 06/23/2015
Amount 1967.48
Transaction ID: SE.4347
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1575.01
Date of Public Distribution/Dissemination 06/23/2015
Amount 1807.07
Transaction ID: SE.4348
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 2455.99
Date of Public Distribution/Dissemination 06/23/2015
Amount 2817.84
Transaction ID: SE.4349
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2535.38
Date of Public Distribution/Dissemination 06/23/2015
Amount 2908.92
Transaction ID: SE.4350
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 776.73
Date of Public Distribution/Dissemination 06/23/2015
Amount 891.17
Transaction ID: SE.4351
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">3771.52</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4352</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3287.21</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">4361.33</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4353</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3801.28</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">6379.24</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4354</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5560.06</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">3422.85</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4355</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">2983.31</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*SCOTT B MACKENZIE*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1634.39

Date of Public Distribution/Dissemination 06/23/2015
Amount 1875.20
Transaction ID : SE.4356
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3372.96

Date of Public Distribution/Dissemination 06/23/2015
Amount 3869.91
Transaction ID : SE.4357
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 569.06

Date of Public Distribution/Dissemination 06/23/2015
Amount 652.91
Transaction ID : SE.4358
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: MT
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1014.09

Date of Public Distribution/Dissemination 06/23/2015
Amount 1163.50
Transaction ID : SE.4359
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NE
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1510.63

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1733.20
Transaction ID : SE.4360
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: NV
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 761.51

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
873.70
Transaction ID : SE.4361
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: NH
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10 / 30 / 2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4971.79

Date of Public Distribution/Dissemination 06/23/2015
Amount 5704.29
Transaction ID : SE.4362
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NJ
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1146.28

Date of Public Distribution/Dissemination 06/23/2015
Amount 1315.17
Transaction ID : SE.4363
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NM
Disbursement For: Primary General 2016 Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 0.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 11133.65
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 5404.88
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 390.78
Date of Public Distribution/Dissemination 06/23/2015
Amount 448.36
Transaction ID: SE.4366
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 6492.67
Date of Public Distribution/Dissemination 06/23/2015
Amount 7449.25
Transaction ID: SE.4367
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 2094.34
Date of Public Distribution/Dissemination 06/23/2015
Amount 2402.91
Transaction ID: SE.4368
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 2206.38
Date of Public Distribution/Dissemination 06/23/2015
Amount 2531.45
Transaction ID: SE.4369
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">8400.09</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4370</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7321.41</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount <span style="border: 1px solid black; padding: 2px;">699.97</span>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.4371</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: RI
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">610.08</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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

SCOTT B MACKENZIE

[Electronically Filed]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2639.56
Date of Public Distribution/Dissemination 06/23/2015
Amount 3028.45
Transaction ID: SE.4372
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 455.44
Date of Public Distribution/Dissemination 06/23/2015
Amount 522.54
Transaction ID: SE.4373
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3602.28

Date of Public Distribution/Dissemination 06/23/2015
Amount 4133.02
Transaction ID : SE.4374
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: TN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 13726.33

Date of Public Distribution/Dissemination 06/23/2015
Amount 15748.66
Transaction ID : SE.4375
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: TX
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1420.69
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 367.05
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 4579.17

Date of Public Distribution/Dissemination 06/23/2015
Amount 5253.82
Transaction ID : SE.4378
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: VA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3849.52

Date of Public Distribution/Dissemination 06/23/2015
Amount 4416.67
Transaction ID : SE.4379
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: WA
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1078.64
Date of Public Distribution/Dissemination 06/23/2015
Amount 1237.55
Transaction ID: SE.4380
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 3216.72
Date of Public Distribution/Dissemination 06/23/2015
Amount 3690.65
Transaction ID: SE.4381
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 10/30/2015
Signature

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

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

Full Name of Payee <b>INFOCISION MANAGEMENT CORP</b> <b>[MEMO ITEM]</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>06 / 23 / 2015</b>
Mailing Address <b>325 SPRINGSIDE DR</b>	Amount <b>364.58</b>
City <b>AKRON</b> State <b>OH</b> Zip Code <b>44333</b>	<b>Transaction ID : SE.4382</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>06 / 23 / 2015</b>
Purpose of Expenditure <b>VOTER CONTACT CALLS</b> Category/Type <b>004</b>	Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WY</b>
Calendar Year-To-Date Per Election for Office Sought <b>317.76</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure Category/Type	Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<b>174317.40</b>

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

SCOTT B MACKENZIE  
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 30 / 2015**