Sc	chedule E)		FOR SE OF FORM 24/48
NΑ	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Т	EA PARTY MAJORITY FUND		
			C C00566174
Ch	eck if 24-hour report X 48-hour report New re	eport Amends report file	ed on Man / Dad / Yayayay
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR		10
	City State	Zip Code	4639.78
	AKRON OH	44333	Transaction ID : SE.38074 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 2015
	Name of Federal Candidate	Support Office	ce Sought: House District: 00
	HILLARY RODHAM CLINTON	X Oppose	President Senate State: AL
	Calendar Year-To-Date Per Election for Office Sought	4639.78 Dist 201	bursement For: Primary
	Full Name of Payee		Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP		10 13 2015
	Mailing Address 325 SPRINGSIDE DR		Amount
	City State	Zip Code	674.43
	AKRON OH	44333	Transaction ID : SE.38075 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 2015
	Name of Federal Candidate	Support Offi	ce Sought: House District:00
	HILLARY RODHAM CLINTON	Oppose >	President Senate State: AK
	Calendar Year-To-Date Per Election for Office Sought	674.43 Dis 201	bursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	·····	5314.21
	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
,	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.	•	· · · · · · · · · · · · · · · · · · ·
	SCOTT B MACKENZIE [Electro	onically Filed] Date	10 15 2015
	Signature	Jale	2010

Schedule E)		TONES		PAGE 2 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND				C C00566174
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP			Dat	e of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Am	10 13 2015 ount
City Si	tate	Zip Code	F	6131.58
1 ′	OH	44333		nsaction ID : SE.38076 e of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
HILLARY RODHAM CLINTON		X Oppose	X Pres	·
Calendar Year-To-Date Per Election for Office Sought	,	6131.58	Disbursem 2016	ent For:
Full Name of Payee INFOCISION MANAGEMENT CORP			Dat	te of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR			Am	ount
City	tate	Zip Code		2811.82
'	ОН	44333		saction ID : SE.38078 te of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004		10 13 / 2015
Name of Federal Candidate		Support	Office Sou	ight: House District: 00
HILLARY RODHAM CLINTON		X Oppose	X Pres	
Calendar Year-To-Date Per Election for Office Sought		2811.82	Disbursem 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	8943.40
(b) SUBTOTAL of Unitemized Independent Expenditures	s			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
SCOTT B MACKENZIE Signature	[Electroni	cally Filed] Date	10 M	15 2015

Schedule E)	PAGE 3 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In_Full)	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	C C00566174
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount
City State Zip Code AKRON OH 44333	35875.17 Transaction ID : SE.38079
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation
Name of Endagel Condidate	Sought: House District: 00
HILLARY RODHAM CLINTON Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination 10
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	4906.27
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ 004	Date of Disbursement or Obligation
Name of Fodoval Condidate	10 13 2015 Sought: House District: 00
HILLARY PODHAM CLINTON	Sought: House District: 00 President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	40781.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 10	

Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND				C C00566174
				U
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT	CORP		ı	Date of Public Distribution/Dissemination
Mailing Addus of				10 13 2015
Mailing Address 325 SPRINGSIDE DR			/	Amount
City	State	Zip Code		3505.96
AKRON	ОН	44333		Transaction ID : SE.38081 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERA	L WEEKS	Category/ Type 004		10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office S	Sought: House District: 00
HILLARY RODHAM CLINTON		Oppose	XP	President Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		3505.96	Disburs 2016	ement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT (CORP			10 13 2015
Mailing Address 325 SPRINGSIDE DR				Amount
City	State	Zip Code		886.74
AKRON	ОН	44333		ransaction ID : SE.38082 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERA	AL WEEKS	Category/ Type 004		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office S	Sought: House District: 00
HILLARY RODHAM CLINTON		X Oppose	XF	President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		886.74	Disburs 2016	sement For: Primary X General Other (specify) ▶
,			-	
(a) SUBTOTAL of Itemized Independent Ex	penditures		▶	4392.70
(b) SUBTOTAL of Unitemized Independent	Expenditures		·· • [
(c) TOTAL Independent Expenditures			·· • [
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized	•		· · · · · · · · · · · · · · · · · · ·
SCOTT B MACKENZIE	[Electron	ically Filed] Date	e 10	15 2015
Signature				

Schedule E)	PAGE 5 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In_Full)	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	C C00566174
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount
City State Zip Code AKRON OH 44333	19014.47 Transaction ID : SE.38083
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation 10 13 2015
HILLARY PODHAM CLINTON	Sought: House District: 00
Calendar Year-To-Date Disbur	President Senate State: FL sement For: Primary General
Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR	10 / 13 / 2015
520 OF KINGGIDE DIK	Amount
City State Zip Code AKRON OH 44333	9246.94 Transaction ID : SE.38084 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
HILLARY RODHAM CLINTON Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 9246.94 Disbut	rsement For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	28261.41
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 10	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
	C C00566174
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	1350.94
AKRON OH 44333	Transaction ID : SE.38085 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / 2015
Name of Federal Candidate Support Office	ee Sought: House District: 00
HILLARY RODHAM CLINTON Oppose	President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	1460.34
AKRON OH 44333	Transaction ID : SE.38086 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 2015
Name of Federal Candidate Support Office	ce Sought: House District:00
HILLARY RODHAM CLINTON Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2811.28
(1)	201120
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	10 15 2015
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼
TEAT ARTT MAJORITT TOND	C C00566174
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount
City State Zip Code	12334.30
AKRON OH 44333	Transaction ID : SE.38087 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 2015
LIII LARV RODUAM CUNTON	ce Sought: House District: 00 President Senate State: IL
	bursement For: Primary X General
Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	10 13 2015
Mailing Address 325 SPRINGSIDE DR	Amount
City State Zip Code	6209.75
AKRON OH 44333	Transaction ID : SE.38088 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / 2015
LINE A DAY DODUMAN OF INTON	ice Sought: House District: 00
∑ Oppose ∑	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General 16 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	18544.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date	10 15 2015
Signature	

Schedule E)	,	PAGE 8 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND		C C00566174
Check if 24-hour report X 48-hour report New report	Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP	1	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR	,	10 13 2015 Amount
City State Zip Code		2951.23
AKRON OH 44333	-	Transaction ID : SE.38089 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Categor Typ	y/ 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
HILLARY RODHAM CLINTON		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2951.23		ement For:
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount
City State Zip Code	<u>, </u>	2710.60
AKRON OH 44333	T	ransaction ID : SE.38090 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Categor Typ		10 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District: 00
HILLARY RODHAM CLINTON		President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 2710		ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		5661.83
(b) SUBTOTAL of Unitemized Independent Expenditures	······ •	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
SCOTT B MACKENZIE [Electronically Filed] Signature	Date 10	15 / 2015

Schedule E)	AI ENDITORIES	PAGE 9 OF 26 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
TEA PARTY MAJORITY FUND		C C00566174			
Check if 24-hour report 48-hour report	New report Amends report file	ed on			
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount			
City Sta	te Zip Code	4226.75			
AKRON O	·	Transaction ID : SE.38091 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
HILLARY RODHAM CLINTON		President Senate State: KY			
Calendar Year-To-Date Per Election for Office Sought	4226.75 Dis 201	bursement For: Primary General 6 Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount			
City Sta	te Zip Code	4363.39			
AKRON O	·	Transaction ID : SE.38092 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
HILLARY RODHAM CLINTON	Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	4363.39 Dis 20	sbursement For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures		8590.14			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures	>				
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith				
SCOTT B MACKENZIE	[Electronically Filed] Date	10 15 2015			
Signature	_				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ı	EA PARTY MAJORITY FUND	C C00566174
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP	10 13 2015
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	1336.76
	AKRON OH 44333	Transaction ID : SE.38093 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 2015
	Name of Federal Candidate Support Office	Sought: House District:00
	HILLARY RODHAM CLINTON Oppose	President Senate State: ME
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary
	Full Name of Payer	
	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount
	City State Zip Code AKRON OH 44333	5657.28 Transaction ID : SE.38094
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation 10 13 2015
	Name of Federal Candidate Support Office	Sought: House District: 00
	HILLARY RODHAM CLINTON Oppose	President Senate State: MD
	Calendar Year-To-Date Per Election for Office Sought Disbu 2016	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	6994.04
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE [Electronically Filed] Date 10) 15 2015
	Signature	

PAGE

10

OF

26

PAGE 26 11 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND C00566174 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2015 10 13 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 6542.00 City **AKRON** OH 44333 Transaction ID: SE.38095 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS OVER SEVERAL WEEKS 004 10 13 2015 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY RODHAM CLINTON MΑ Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 6542.00 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 13 2015 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 9568.86 OH Transaction ID: SE.38096 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS OVER SEVERAL WEEKS 004 2015 10 13 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON MI Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 9568.86 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 16110.86 (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] 10 15 2015 Date Signature

Schedule E)		PAGE 12 OF 26 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
TEA PARTY MAJORITY FUND		C C00566174			
Check if 24-hour report X 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay			
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount			
City State	e Zip Code	5134.28			
AKRON OH	•	Transaction ID : SE.38097 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support Of	fice Sought: House District: 00			
HILLARY RODHAM CLINTON		President Senate State: MN			
Calendar Year-To-Date Per Election for Office Sought		sbursement For:			
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount			
		Amount			
City State	e Zip Code	2812.79			
AKRON OH	44333	Transaction ID : SE.38098 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 D D D Z 2015			
Name of Federal Candidate	Support O	ffice Sought: House District: 00			
HILLARY RODHAM CLINTON	X Oppose	President Senate State: MS			
Calendar Year-To-Date Per Election for Office Sought		isbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	······	7947.07			
(b) SUBTOTAL of Unitemized Independent Expenditures	·····				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.					
SCOTT B MACKENZIE	[Electronically Filed] Date	10 15 2015			
Signature	L				

Schedule E)	LAI LINDI	TOTILO				PAGE 13		26 /48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATI		
TEA PARTY MAJORITY FUND					C	C00566174		
Check if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M /	D D /	Y I Y I Y	Y
Full Name of Payee INFOCISION MANAGEMENT CORP					- M /	Distribution	Y	Y Y
Mailing Address 325 SPRINGSIDE DR				Amou	10 nt	13	2015	
City St	tate	Zip Code					5804	1 86
	OH .	44333			Transaction ID : SE.38099 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type	004	M	10 /	13	2015	
Name of Federal Candidate		Sı	ıpport	Office Sough	t:	House	District:	00
HILLARY RODHAM CLINTON			opose	X Preside		Senate		МО
Calendar Year-To-Date Per Election for Office Sought		5804.86		Disbursemen 2016 O	t For: ther (sp	Primary ecify) ▶	/ <u>X</u> Ge	eneral
Full Name of Payee INFOCISION MANAGEMENT CORP					of Public	Distribution	/Dissemina 2015	Y Y
Mailing Address 325 SPRINGSIDE DR				Amou	nt			_
City	tate	Zip Code			1 (0)		979.	36
	OH	44333		Transaction ID : SE.38100 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type	004		10 ^M	13	2015	
Name of Federal Candidate		Sı	upport	Office Sough	t:	House	District:	00
HILLARY RODHAM CLINTON		Xo	ppose	X Preside	ent	Senate	State: _	MT
Calendar Year-To-Date Per Election for Office Sought	7	979.36		Disbursemen 2016	t For: ther (sp	ecify) >	y X Ge	eneral
(a) SUBTOTAL of Itemized Independent Expenditures				· [7	6784.22	2
(b) SUBTOTAL of Unitemized Independent Expenditures	3			•	1 7			
(c) TOTAL Independent Expenditures				· [-7			
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized							
SCOTT B MACKENZIE	[Electroni	cally Filed]	Date	10	15	/ Y Y 20	15 Y	
Signature								

Schedule E)	PAGE 14 OF 26 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
TEA PARTY MAJORITY FUND C C00566174			
Check if 24-hour report X 48-hour report New report Amends rep	port filed on		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	1745.25 Transaction ID : SE.38101		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation 1 10 13 2015		
Name of Federal Candidate Support HILLARY RODHAM CLINTON Oppose	Office Sought: House District: 00		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016		
Full Name of Payee INFOCISION MANAGEMENT CORP	Other (specify) ► Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	2599.81 Transaction ID : SE.38102		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation 10 13 2015		
Name of Federal Candidate Support	Office Sought: House District: 00		
HILLARY RODHAM CLINTON Oppose	President Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 2599.81	Disbursement For: Primary General 2016 Gher (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	• 4345.06		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date	te 10 / 15 / 2015		

Schedule	e E)				PAGE 15 OF 26 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND			C C00566174		
Check if	24-hour report X 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
	me of Payee OCISION MANAGEMENT COR	 Р			e of Public Distribution/Dissemination
Mailing	Address 325 SPRINGSIDE DR			Amor	10 13 2015
City AKRO	N	State OH	Zip Code 44333		1310.55
	e of Expenditure R CONTACT CALLS OVER SEVERAL WEEKS	3	Category/ Type 004		e of Disbursement or Obligation 10 13 2015
Name of	of Federal Candidate		Support	Office Soug	ght: House District: 00
HILLAF	RY RODHAM CLINTON		X Oppose	X Presid	
	alendar Year-To-Date or Election for Office Sought		1310.55	Disburseme 2016	ent For: Primary
INFO	me of Payee OCISION MANAGEMENT CORP Address 325 SPRINGSIDE DR			Date	e of Public Distribution/Dissemination 10
City		State	Zip Code		8556.44
AKRO	N	ОН	44333		saction ID : SE.38104 e of Disbursement or Obligation
	e of Expenditure R CONTACT CALLS OVER SEVERAL WEEK	S	Category/ Type 004] [10 13 2015
Name	of Federal Candidate		Support	Office Soug	ght: House District: 00
HILLAI	RY RODHAM CLINTON		Oppose	X Presid	ident Senate State: NJ
	alendar Year-To-Date er Election for Office Sought	, , ,	8556.44	Disburseme 2016	ent For:
(a) SUB	TOTAL of Itemized Independent Expenditure	S			9866.99
(b) SUB	TOTAL of Unitemized Independent Expenditu	ıres			4 1 4 1 4 1
(c) TOTA	AL Independent Expenditures			· [7
with, or a	enalty of perjury I certify that the independent at the request or suggestion of, any candidat mmittee) any political party committee or its a	te or authorized			
	SCOTT B MACKENZIE	[Electron	ically Filed] Date) 10 /	15 2015
Signa	tture				

PAGE 16 OF 26 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) TEA DADTY MA LODITY FUND			
TEA PARTY MAJORITY FUND	C C00566174		
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y		
Full Name of Payee INFOCISION MANAGEMENT CORP	pate of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 mount		
City State Zip Code	1972.76		
AKRON OH 44333 Ti	ransaction ID : SE.38105 late of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 2015		
Name of Federal Candidate Support Office So	ought: House District: 00		
HILLARY PODHAM CLINTON	esident Senate State: NM		
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code	19160.99		
AKRON OH 44333 Tra	ansaction ID : SE.38106 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / Y Y Y Y Y		
Name of Federal Candidate Support Office S	ought: House District: 00		
HILLARY RODHAM CLINTON	resident Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	21133.75		
(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 To be the property of the pr	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ı	EA PARTY MAJORITY FUND	C C00566174
Ch	eck if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	INFOCISION MANAGEMENT CORP	10 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 325 SPRINGSIDE DR	Amount
	City State Zip Code	9301.79
	AKRON OH 44333	Transaction ID : SE.38107 Date of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	HILLARY RODHAM CLINTON Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbury 2016	sement For: Primary
	Full Name of Payee	
	INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DR	Amount
	City.	070.50
	City State Zip Code AKRON OH 44333	672.53 Fransaction ID : SE.38108 Date of Diskursement or Obligation
	Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation M 10
	Name of Federal Candidate Support Office	Sought: House District: 00
	HILLARY RODHAM CLINTON Oppose	President Senate State: ND
	Calendar Year-To-Date Per Election for Office Sought Disbur 2016	sement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	9974.32
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	SCOTT B MACKENZIE [Electronically Filed] Date 10	M / 15 2015
	Signature	

PAGE

OF

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Schedule E)	XI ENDITORIES	PAGE 18 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND		C C00566174
Check if 24-hour report 48-hour report	New report Amends report fil	ed on Mam / Dab / Yayayay
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount
City Sta	te Zip Code	11173.88
AKRON O	•	Transaction ID : SE.38109 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 / 13 / 2015
Name of Federal Candidate	Support Of	fice Sought: House District: 00
HILLARY RODHAM CLINTON		▼ President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	11173.88 Dis	sbursement For: Primary
Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	'	3604.36 Transaction ID : SE.38110 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
HILLARY RODHAM CLINTON	∑ Oppose [President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	14778.24
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eit	
SCOTT B MACKENZIE	[Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	PAGE 19 OF 26 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
TEA PARTY MAJORITY FUND C C00566174			
Check if 24-hour report X 48-hour report New report Amends rep	port filed on/ D_D / YTYTY		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10		
City State Zip Code AKRON OH 44333	3797.17 Transaction ID : SE.38111		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support HILLARY RODHAM CLINTON Oppose	Office Sought: House District: 00 President Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought 3797.17	Disbursement For: Primary ☐ General 2016 Other (specify) ▶		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	12600.13 Transaction ID : SE.38112 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	M M / D D / Y Y Y Y		
Name of Federal Candidate Support	Office Sought: House District: 00		
HILLARY RODHAM CLINTON Oppose	President Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	16397.30		
(b) SUBTOTAL of Unitemized Independent Expenditures	··· >		
(c) TOTAL Independent Expenditures	···· >		
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date Signature	te 10 / 15 / 2015		

Schedule E)	LINDITOTIES	PAGE 20 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND		C C00566174
Check if 24-hour report X 48-hour report	New report Amends report f	illed on
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount
City State	Zip Code	1049.95
AKRON OH	44333	Transaction ID : SE.38113 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	office Sought: House District: 00
HILLARY RODHAM CLINTON	∑ Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O16 Other (specify) ▶
Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DR		Date of Public Distribution/Dissemination 10 13 2015 Amount
City State	Zip Code	4542.68
AKRON OH	44333	Transaction ID : SE.38114 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 / 2015
Name of Federal Candidate	Support C	Office Sought: House District: 00
HILLARY RODHAM CLINTON	X Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		olsbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures)	5592.63
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
	[Electronically Filed] Date	10 15 2015
Signature		

Schedule E)	PAGE 21 OF 26 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) TEA DADTY MAA LODITY ELIND			
TEA PARTY MAJORITY FUND	C C00566174		
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	Amount		
City State Zip Code	783.81		
AKRON OH 44333	Transaction ID : SE.38115 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 D D / Y Y Y Y Y Y Y 10 10 13 2015		
Name of Federal Candidate Support Office	Sought: House District: 00		
LIII I ARV RODHAM CLINTON	President Senate State: SD		
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	sement For:		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code	6199.53		
AKRON OH 44333 1	Fransaction ID : SE.38116 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 / 2015		
Name of Federal Candidate Support Office	Sought: House District:00		
HILLARY PODHAM CLINTON	President Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought Disburs 2016	sement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	6983.34		
(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 Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	PAGE 22 OF 26 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
TEA PARTY MAJORITY FUND C C00566174			
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	23622.98 Transaction ID : SE.38117		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
LIII LARV RODHAM CLINTON	ce Sought: House District: 00 President Senate State: TX		
	bursement For: Primary General		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	2445.00 Transaction ID : SE.38118		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation		
Name of Federal Candidate Support Offi	ce Sought: House District: 00		
HILLARY RODHAM CLINTON Oppose	President Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought Dis 20'	bursement For: Primary General Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	26067.98		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	XI ENDITORIES	PAGE 23 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND		C C00566174
Check if 24-hour report X 48-hour report	New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR		10 13 2015 Amount
City Sta	te Zip Code	631.68
AKRON OI	·	Transaction ID : SE.38119 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 2015
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
HILLARY RODHAM CLINTON		President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	631.68 Disl 201	oursement For: Primary General 6 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP		10 13 2015
Mailing Address 325 SPRINGSIDE DR		10 13 2013
		Amount
City	te Zip Code	7880.74
AKRON O	H 44333	Transaction ID : SE.38120 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/ Type 004	10 13 2015
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
HILLARY RODHAM CLINTON	X Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7880.74 Dis 20°	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	8512.42
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of eith	
SCOTT B MACKENZIE	[Electronically Filed] Date	10 15 2015
Signature	_	

Schedule E)	PAGE 24 OF 26 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
TEA PARTY MAJORITY FUND C C00566174			
Check if 24-hour report X 48-hour report New report Amends report	filed on / / / Y = Y = Y = Y = Y = Y = Y = Y = Y =		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	10 13 2015 Amount		
City State Zip Code AKRON OH 44333	6625.01 Transaction ID : SE.38121		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose	Office Sought: House District: 00 President Senate State: WA		
Calendar Year-To-Date	Disbursement For: Primary General Other (specify)		
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination		
Mailing Address 325 SPRINGSIDE DR	Amount		
City State Zip Code AKRON OH 44333	Transaction ID : SE.38122 Date of Disbursement or Obligation		
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Category/ Type 004	10 13 2015		
Name of Federal Candidate Support	Office Sought: House District: 00		
HILLARY RODHAM CLINTON Oppose	President Senate State: WV		
	Disbursement For: Primary ☐ General 2016 Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	8481.34		
(b) SUBTOTAL of Unitemized Independent Expenditures	·		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.			
SCOTT B MACKENZIE [Electronically Filed] Date	10 15 2015		

Schedule E)		FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		EC IDENTIFICATION NUMBER ▼	
TEA PARTY MAJORITY FUND	The second secon		
		C C00566174	
Check if 24-hour report			
Full Name of Payee	Date of	Public Distribution/Dissemination	
INFOCISION MANAGEMENT CORP	M		
Mailing Address 325 SPRINGSIDE DR	Amount	0 13 2015	
City State Zip Co		5535.98	
AKRON OH 44333		ction ID: SE.38123 Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS Cate	gory/		
Name of Federal Candidate	Support Office Sought:	House District:00	
HILLARY RODHAM CLINTON	X Oppose X Presiden	t Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 5535.		For: Primary X General er (specify) ▶	
Full Name of Payee	Date of	Public Distribution/Dissemination	
INFOCISION MANAGEMENT CORP		M / D D / Y Y Y Y	
Mailing Address 325 SPRINGSIDE DR		0 13 2015	
5 SES SI KINGSIDE DIX	Amount		
City State Zip Co	ode	546.86	
AKRON OH 4433:	3 Transac	tion ID : SE.38124 Disbursement or Obligation	
Purpose of Expenditure VOTED CONTACT CALLS OVER SEVERAL WEEKS Category	gory/	M / D D / Y Y Y Y	
	Type 004 1	0 13 2015	
Name of Federal Candidate	Support Office Sought:	House District: 00	
HILLARY RODHAM CLINTON	X Oppose X Presider	t Senate State: WY	
Calendar Year-To-Date	Disbursement 2016	For: Primary X General	
Per Election for Office Sought		ner (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	6082.84	
(b) SUBTOTAL of Unitemized Independent Expenditures		7	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7	
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 F.		15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature			

Schedule E)	PAGE 26 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	C C00566174
Check if 24-hour report X 48-hour report New report Amends report filed on	
INFOCISION MANAGEMENT CORP	of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DR Amoun	10 13 2015 nt
City State Zip Code	647.14
AKRON OH 44333 Transa	action ID : SE.38125 of Disbursement or Obligation
Purpose of Expenditure	10 13 2015
Name of Federal Candidate Support Office Sought	t: House District: 00
HILLARY RODHAM CLINTON Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Office Sought	t For: Primary X General ther (specify) ▶
	of Public Distribution/Dissemination
Mailing Address Amoun	nt
City State Zip Code	
Purpose of Expenditure Category/ Type Date of	of Disbursement or Obligation
Name of Federal Candidate Support Office Sough Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	647.14
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	300000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date Total	15 / 2015