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

Sc	chedule E)		PAGE 1 OF 5 FOR SE OF FORM 24/48				
	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND						
_			C C00524454				
Check if X 24-hour report 48-hour report New report Amends report filed on							
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / 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	1721.93				
	AKRON OH	44333	Transaction ID : SE.29788 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/ Type 004	04 / 24 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	MARK BEGICH	X Oppose	President Senate State: AK				
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary				
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination				
	Mailing Address 325 SPRINGSIDE DR		04				
	City State	Zip Code	7081.34				
	AKRON OH	44333	Transaction ID : SE.29790 Date of Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS	Category/ Type 004	04 / 24 / 2014				
	Name of Federal Candidate	Support	Office Sought: House District: 00				
	MARK L PRYOR	X Oppose	President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 General Other (specify) ▶				
	(a) SUBTOTAL of Itemized Independent Expenditures		8803.27				
(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 [Electroni	nically Filed] Date	04 25 2014				
	Signature	_					

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

Schedule E)	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
CONSERVATIVE MAJORITY FUND	C C00524454						
Check if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination						
	04 01 2014						
Mailing Address 325 SPRINGSIDE DR	Amount						
City State Zip Code	12687.61						
AKRON OH 44333	Transaction ID : SE.29791 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/ Type 004	04 / 24 / Y 2014						
Name of Federal Candidate Support Office	e Sought: House District: 00						
MARK E UDALL Oppose	President State: CO						
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶						
Full Name of Payee	Date of Public Distribution/Dissemination						
INFOCISION MANAGEMENT CORP	M 04 / 24 / 2014 Amount						
Mailing Address 325 SPRINGSIDE DR							
City State Zip Code	11057.22						
AKRON OH 44333	Transaction ID: SE.29792 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/ Type 004	04 / 24 / 2014						
	e Sought: House District: 00						
MARY L LANDRIEU Oppose	President Senate State: LA						
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures							
(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.							
Bato	04 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report X New report Amends report filed on 48-hour report Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 04 2014 24 Mailing Address 325 SPRINGSIDE DR Amount State Zip Code 13036.51 City **AKRON** OH 44333 Transaction ID: SE.29793 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS 004 04 24 2014 Type Name of Federal Candidate 00 Support Office Sought: House District: AL FRANKEN MN Oppose X Senate President State: Disbursement For: Primary X General Calendar Year-To-Date 2014 16761.23 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2014 Mailing Address 325 SPRINGSIDE DR Amount City State Zip Code 2490.61 ОН Transaction ID: SE.29794 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS 004 2014 04 24 Type Name of Federal Candidate 00 Support Office Sought: House District: JOHN E WALSH MT Oppose Senate President State: **X** General Primary Calendar Year-To-Date Disbursement For: 3202.21 2014 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 15527.12 (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] 04 25 2014 Date Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		ITONES		PAGE 4 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (IN FUII) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼						
CONSERVATIVE MAJORITY FUND	C C00524454						
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file							
Full Name of Payee INFOCISION MANAGEMENT CO	RP			of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR			Amou				
City	State	Zip Code		3312.71			
AKRON	ОН	44333		action ID : SE.29795 of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO	O WEEKS	Category/ Type 004		04 / 04 / 24 / 2014			
Name of Federal Candidate		Support	Office Sough	t: House District:00			
JEANNE SHAHEEN		X Oppose	Preside	ent State: NH			
Calendar Year-To-Date Per Election for Office Sought	7	4259.20	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORF)			of Public Distribution/Dissemination			
Mailing Address 325 SPRINGSIDE DR			Amou				
City	State	Zip Code	— r	23806.24			
AKRON	ОН	44333		oction ID : SE.29796 of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO	O WEEKS	Category/ Type 004		04 / 24 / 2014			
Name of Federal Candidate		Support	Office Sough	nt: House District: 00			
KAY R HAGAN		X Oppose	Presid				
Calendar Year-To-Date Per Election for Office Sought	7	30608.02	Disbursemer 2014 C	nt For: Primary			
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures			· [.	7 7 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 Signature	[Electron	ically Filed] Date	9 04	25 / 2014			

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

Schedule E) FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00524454						
Check if 24-hour report 48-hour report Amends report filed on							
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D / 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	9671.95						
AKRON OH 44333	Transaction ID : SE.29797 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/ Type 004	04 / 24 / 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						
JEFFREY A MERKLEY Oppose	President Senate State: OR						
Galoridai Todi To Bato	sbursement For: Primary						
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination						
Mailing Address 325 SPRINGSIDE DR	04 24 2014 Amount						
City State Zip Code	20133.89						
AKRON OH 44333	Transaction ID : SE.29798 Date of Disbursement or Obligation						
Purpose of Expenditure VOTER CONTACT CALLS OVER THE NEXT TWO WEEKS Category/ Type 004	04 / D D / Y Y Y Y Y 2014						
Name of Federal Candidate Support O	ffice Sought: House District: 00						
MARK J WARNER Oppose	President Senate State: VA						
	sbursement For: Primary X General 014 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	105000.01						
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	04 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Signature							