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
	G COOCETION
Check if 24-hour report 48-hour report New report Amends report f	iled on DD / YTYTY
Full Name of Payee HINES DIGITAL MEDIA	Date of Public Distribution/Dissemination
Mailing Address 6 HOLLIBEN CT	01 07 2019
Maining / Maining / Molliben C1	Amount
City State Zip Code	10000.00
SEVERNA PARK MD 21146	Transaction ID : SE.4117 Date of Disbursement or Obligation
Purpose of Expenditure eMAIL: THE WALL Category/ Type 004	01 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ffice Sought: House District: 00
TRUMP, DONALD J, , ,	🗶 President Senate State:
Odichadi Todi To Dato	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support O	ffice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	isbursement For:
(a) CURTOTAL of Harrison Indocurrent Supervisions	
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	10000.00
	1000.00
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 eigenty committee) any political party committee or its agent.	•
MACKENZIE, SCOTT B, , ,	M M / D D / Y Y Y Y Y
Signature [Electronically Filed] Date	01 07 2019