

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TEA PARTY MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806 ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER C C00566174 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Report for the: General, Runoff, Special.

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. MACKENZIE, SCOTT B, , , Type or Print Name of Treasurer

Signature of Treasurer MACKENZIE, SCOTT B, , , [Electronically Filed] Date 07 / 29 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**TEA PARTY MAJORITY FUND**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="39994.27"/>	<input type="text" value="39994.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39994.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="270531.50"/>	<input type="text" value="270531.50"/>
(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="310525.77"/>	<input type="text" value="310525.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="272611.30"/>	<input type="text" value="272611.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37914.47"/>	<input type="text" value="37914.47"/>
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="32384.10"/>	

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. 05/2016)

Write or Type Committee Name

**TEA PARTY MAJORITY FUND**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y 06 / 30 / 2019

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).....	30580.00	30580.00
(ii) Unitemized .....	237651.50	237651.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	268231.50	268231.50
(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) .....	268231.50	268231.50
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.....	2300.00	2300.00
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)).....▶	270531.50	270531.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	270531.50	270531.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	60424.88	60424.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	60424.88	60424.88
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) .....	99615.90	99615.90
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	112570.52	112570.52
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	272611.30	272611.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	272611.30	272611.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	268231.50	268231.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	268231.50	268231.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	60424.88	60424.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60424.88	60424.88

**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 108  
(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. ADCOCK 175, ROBERT, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 970 FRUITVILLE PIKE  
 City LITITZ    State PA    Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CEO    Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 19 / 2019  
**Transaction ID : SA11AI.10037**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. AINLEY 923, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3908  
 City CRESTLINE    State CA    Zip Code 92325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AINLEY ENTERPRISES LLC    Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 01 / 2019  
**Transaction ID : SA11AI.14311**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. AINLEY 923, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 3908  
 City CRESTLINE    State CA    Zip Code 92325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AINLEY ENTERPRISES LLC    Occupation (for Individual) PROPERTY MANAGEMENT  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 01 / 2019  
**Transaction ID : SA11AI.14262**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**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: (check only one)	PAGE 7 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. AINLEY 923, PAT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **PO BOX 3908**

City <b>CRESTLINE</b>	State <b>CA</b>	Zip Code <b>92325</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>AINLEY ENTERPRISES LLC</b>	Occupation (for Individual) <b>PROPERTY MANAGEMENT</b>
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2019

**Transaction ID : SA11AI.14248**

Amount of Each Receipt this Period  

100.00
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 Memo Item

**B. AKERSON 474, WAYNE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **4370 ELLINGTON CT**

City <b>SPENCER</b>	State <b>IN</b>	Zip Code <b>47460</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>ICF KAISER INTERNATIONAL INC</b>	Occupation (for Individual) <b>ENGINEER</b>
--	--

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	/	2019

**Transaction ID : SA11AI.12998**

Amount of Each Receipt this Period  

300.00
--------

 Memo Item

**C. ALDINGER 760, ROGER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **608 OVERLAND TRL**

City <b>SOUTHLAKE</b>	State <b>TX</b>	Zip Code <b>76092</b>
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>SELF EMPLOYED</b>	Occupation (for Individual) <b>PILOT</b>
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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	/	11	/	2019

**Transaction ID : SA11AI.9052**

Amount of Each Receipt this Period  

250.00
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALFANO 105, ANNA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 MOSEMAN AVE

City KATONAH	State NY	Zip Code 10536
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SIEMENS HEALTHCARE	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2019

**Transaction ID : SA11AI.12199**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. ALFANO 105, ANNA, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 73 MOSEMAN AVE

City KATONAH	State NY	Zip Code 10536
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SIEMENS HEALTHCARE	Occupation (for Individual) 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		26		2019

**Transaction ID : SA11AI.12198**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. AYLESWORTH 790, JACKIE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2225 COUNTY ROAD 65

City PLAINVIEW	State TX	Zip Code 79072
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2019

**Transaction ID : SA11AI.13734**

Amount of Each Receipt this Period  
350.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 9 OF 108  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. AYLESWORTH 790, JACKIE, , MR,**  
 Mailing Address 2225 COUNTY ROAD 65  
 City PLAINVIEW State TX Zip Code 79072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 06 / 27 / 2019  
**Transaction ID : SA11AI.13733**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. BALLANTYNE 510, JOAN, , MR,**  
 Mailing Address PO BOX 734  
 City CHEROKEE State IA Zip Code 51012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 05 / 09 / 2019  
**Transaction ID : SA11AI.7713**  
 Amount of Each Receipt this Period 55.00  
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. BATHON 219, G HOWARD, , MR,**  
 Mailing Address 85 PINE VALLEY RD  
 City ELKTON State MD Zip Code 21921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 07 / 2019  
**Transaction ID : SA11AI.10460**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 630.00  
**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 10 OF 108
	(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. BEADNELL 446, ERNEST R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 E MOHAWK DR

City MALVERN	State OH	Zip Code 44644
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

**Transaction ID : SA11AI.5695**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. BECK 651, LARRY F, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4206 OAKRIDGE RD

City JEFFERSON CITY	State MO	Zip Code 65109
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2019

**Transaction ID : SA11AI.8125**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. BENCA 306, JOHN P, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 LANE CREEK TER

City BISHOP	State GA	Zip Code 30621
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2019

**Transaction ID : SA11AI.9952**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 108
	<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. BERGER 201, MIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7800 PROGRESS COURT  
 City GAINESVILLE State VA Zip Code 20155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MBI Occupation (for Individual) PRESIDENT/OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 25 / 2019**  
**Transaction ID : SA11AI.14414**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BERRY 112, YVONNE R, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 VAN SICLEN AVE APT 5J  
 City BROOKLYN State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **04 / 12 / 2019**  
**Transaction ID : SA11AI.9886**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. BERRY 112, YVONNE R, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1019 VAN SICLEN AVE APT 5J  
 City BROOKLYN State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **05 / 30 / 2019**  
**Transaction ID : SA11AI.9884**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 108
	<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. BIBLER 786, GROVER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2520 WEINHEIMER RD

City FREDERICKSBURG	State TX	Zip Code 78624
------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2019

**Transaction ID : SA11AI.12894**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. BIEKER 312, DENNIS, , Mr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1458 BERKSHIRE DR

City MACON	State GA	Zip Code 31206
---------------	-------------	-------------------

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

Name of Employer (for Individual) GA STATE BOWLING ASSN	Occupation (for Individual) 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
02		22		2019

**Transaction ID : SA11AI.8619**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. BLACK 797, FREDDA L, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 W PINE AVE

City MIDLAND	State TX	Zip Code 79705
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2019

**Transaction ID : SA11AI.4500**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<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

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. BLACK 797, FREDDA L, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1420 W PINE AVE  
 City MIDLAND State TX Zip Code 79705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 17 / 2019**  
**Transaction ID : SA11AI.4501**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. BLESSEY 701, WALTER, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1515 RIVER OAKS RD E  
 City NEW ORLEANS State LA Zip Code 70123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **04 / 03 / 2019**  
**Transaction ID : SA11AI.12495**  
 Amount of Each Receipt this Period 255.00  
 Memo Item

**C. BOEDEKER 779, MARVIN J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 904 W 6TH ST  
 City SHINER State TX Zip Code 77984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BOEDEKER PLASTICS INC Occupation (for Individual) BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 21 / 2019**  
**Transaction ID : SA11AI.11154**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 108
	<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. BRINSTER 586, LESLIE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2019

**Transaction ID : SA11AI.10298**

Amount of Each Receipt this Period  
110.00

Memo Item

**B. BRINSTER 586, LESLIE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2019

**Transaction ID : SA11AI.10295**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. BRINSTER 586, LESLIE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12849 49TH ST SW

City BELFIELD	State ND	Zip Code 58622
------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) FARMER
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2019

**Transaction ID : SA11AI.10297**

Amount of Each Receipt this Period  
55.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 108
	<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. BROWN 894, H TIERD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 10743  
 City ZEPHYR COVE State NV Zip Code 89448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 30 / 2019  
**Transaction ID : SA11AI.8409**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. BROWN 959, STEVE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7688 CUTTING AVE  
 City ORLAND State CA Zip Code 95963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BROWN FAMILY FARM LLC Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2019  
**Transaction ID : SA11AI.9061**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BRYANT 310, JEROME, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 248 LITTLE RD NW  
 City MILLEDGEVILLE State GA Zip Code 31061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2019  
**Transaction ID : SA11AI.7106**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 108
	<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. BRYDEN 100, ELIZABETH, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 W 67TH ST  
APT 611

City NEW YORK State NY Zip Code 10023

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2019

**Transaction ID : SA11AI.10501**

Amount of Each Receipt this Period  
205.00

Memo Item

**B. BRYDEN 100, ELIZABETH, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 W 67TH ST  
APT 611

City NEW YORK State NY Zip Code 10023

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2019

**Transaction ID : SA11AI.10502**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. BUCHHOLZ 577, MARY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16249 MDU LOOP

City BELLE FOURCHE State SD Zip Code 57717

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

Name of Employer (for Individual) CTR OF THE NATION WOOL INC Occupation (for Individual) DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2019

**Transaction ID : SA11AI.13550**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	610.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CAHILL 802, ALLEN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 39079  
 City DENVER State CO Zip Code 80239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2019  
**Transaction ID : SA11AI.6511**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CARR 221, JEANNE R, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5502 ALDRICH LN  
 City SPRINGFIELD State VA Zip Code 22151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 23 / 2019  
**Transaction ID : SA11AI.8263**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. CARR 720, BRENDA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3733 HIGHWAY 287  
 City CLEVELAND State AR Zip Code 72030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 04 / 22 / 2019  
**Transaction ID : SA11AI.7093**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2019  
**Transaction ID : SA11AI.14450**

Amount of Each Receipt this Period  
10.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2019  
**Transaction ID : SA11AI.14447**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2019  
**Transaction ID : SA11AI.14503**

Amount of Each Receipt this Period  
5.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2019

**Transaction ID : SA11AI.14454**

Amount of Each Receipt this Period  
10.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2019

**Transaction ID : SA11AI.14442**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2019

**Transaction ID : SA11AI.14439**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

**Transaction ID : SA11AI.14467**

Amount of Each Receipt this Period  
10.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

**Transaction ID : SA11AI.14488**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2019

**Transaction ID : SA11AI.14438**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 108
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

**Transaction ID : SA11AI.14440**

Amount of Each Receipt this Period  
10.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
CLINARD 770, RALPH, , MR,

Mailing Address 3306 CHARTREUSE WAY

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
296.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2019

**Transaction ID : SA11AI.14446**

Amount of Each Receipt this Period  
10.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
COONLY 787, JOHN, , MR,

Mailing Address 800 W 3RD ST  
APT 3336

City AUSTIN	State TX	Zip Code 78701
----------------	-------------	-------------------

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

Name of Employer (for Individual) CONLEY SPORTS INC	Occupation (for Individual) BUSINESS OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2019

**Transaction ID : SA11AI.12445**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W 3RD ST  
APT 3336

City AUSTIN State TX Zip Code 78701

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

Name of Employer (for Individual) CONLEY SPORTS INC Occupation (for Individual) BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 18 / 2019  
**Transaction ID : SA11AI.12447**

Amount of Each Receipt this Period 100.00

Memo Item

**B. COONLY 787, JOHN, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W 3RD ST  
APT 3336

City AUSTIN State TX Zip Code 78701

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

Name of Employer (for Individual) CONLEY SPORTS INC Occupation (for Individual) BUSINESS OWNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2019  
**Transaction ID : SA11AI.9502**

Amount of Each Receipt this Period 100.00

Memo Item

**C. COX 600, MARJORIE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3132 COUNTRY LN

City WILMETTE State IL Zip Code 60091

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2019  
**Transaction ID : SA11AI.10100**

Amount of Each Receipt this Period 300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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 108
	(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. CRAIG 641, HOWARD, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1611 ORLEANS CIR  
 APT 1D  
 City KANSAS CITY State MO Zip Code 64116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALPHA POINT ASSOC OF THE BLIND Occupation (for Individual) LABORER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 26 / 2019**  
**Transaction ID : SA11AI.11651**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. DEENY 809, RAYMOND M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 S CASCADE AVE STE 1500  
 City COLORADO SPRINGS State CO Zip Code 80903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHERMAN & HOWARD LLC Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt **04 / 30 / 2019**  
**Transaction ID : SA11AI.12812**  
 Amount of Each Receipt this Period 305.00  
 Memo Item

**C. DONAT 566, RANDEE, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1609 26TH AVE NW  
 City BAUDETTE State MN Zip Code 56623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYVIEW LODGE Occupation (for Individual) MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 10 / 2019**  
**Transaction ID : SA11AI.12338**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	505.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. EGWUATU 686, LIONEL, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 DERBY ST  
 City BELLWOOD State NE Zip Code 68624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ABM Occupation (for Individual) LAB TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 05 / 16 / 2019  
**Transaction ID : SA11AI.7808**  
 Amount of Each Receipt this Period 205.00  
 Memo Item

**B. ELL 573, RITA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41482 247TH ST  
 City FULTON State SD Zip Code 57340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 29 / 2019  
**Transaction ID : SA11AI.8394**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. EMERSON 825, LESTER, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 CENTER ST  
 City PAVILLION State WY Zip Code 82523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 20 / 2019  
**Transaction ID : SA11AI.7882**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 108
	<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. EVANS 660, JAMES PRESTON, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 CLINTON PKWY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2019

**Transaction ID : SA11AI.10614**

Amount of Each Receipt this Period  
300.00

Memo Item

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

Mailing Address 5000 CLINTON PKWY

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : SA11AI.10613**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 653 E 14TH ST APT 11E

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

**Transaction ID : SA11AI.9928**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 108
	<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. FERGUSON 726, CLAUDETTE, , MS,**  
Mailing Address PO BOX 1278

City HARRISON State AR Zip Code 72602

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2019

**Transaction ID : SA11AI.8363**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. FILLMORE 761, DUSTIN, , MR,**  
Mailing Address 1600 TEXAS ST APT 21102

City FORT WORTH State TX Zip Code 76102

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2019

**Transaction ID : SA11AI.6182**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. FLEENOR 352, MARGARET L, , MS,**  
Mailing Address 3517 LENOX RD

City BIRMINGHAM State AL Zip Code 35213

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2019

**Transaction ID : SA11AI.8904**

Amount of Each Receipt this Period  
750.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	955.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 108
	<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. FOSTER 853, LARRY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4527 W CITRUS WAY

City GLENDALE	State AZ	Zip Code 85301
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2019

**Transaction ID : SA11AI.5092**

Amount of Each Receipt this Period  
115.00

Memo Item

**B. FREDRICK 750, STANLEY S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2201 LA ROCHELLE

City FLOWER MOUND	State TX	Zip Code 75022
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2019

**Transaction ID : SA11AI.6191**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. FREDRICK 750, STANLEY S, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2201 LA ROCHELLE

City FLOWER MOUND	State TX	Zip Code 75022
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

**Transaction ID : SA11AI.6190**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2019  
**Transaction ID : SA11AI.14463**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2019  
**Transaction ID : SA11AI.14215**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2019  
**Transaction ID : SA11AI.14214**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69

City PECOS	State NM	Zip Code 87552
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2019

**Transaction ID : SA11AI.14210**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69

City PECOS	State NM	Zip Code 87552
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2019

**Transaction ID : SA11AI.14216**

Amount of Each Receipt this Period  
 40.00

Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69

City PECOS	State NM	Zip Code 87552
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2019

**Transaction ID : SA11AI.14187**

Amount of Each Receipt this Period  
 40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<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 30 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2019  
**Transaction ID : SA11AI.14378**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2019  
**Transaction ID : SA11AI.14208**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2019  
**Transaction ID : SA11AI.14457**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2019  
**Transaction ID : SA11AI.14460**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2019  
**Transaction ID : SA11AI.14462**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2019  
**Transaction ID : SA11AI.14213**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2019  
**Transaction ID : SA11AI.14029**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2019  
**Transaction ID : SA11AI.14217**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2019  
**Transaction ID : SA11AI.14491**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 02 / 2019  
**Transaction ID : SA11AI.14219**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 06 / 09 / 2019  
**Transaction ID : SA11AI.14218**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 06 / 16 / 2019  
**Transaction ID : SA11AI.14458**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 108
	<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. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2019  
**Transaction ID : SA11AI.14211**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. FRIEDMAN 875, J ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address HC74 BOX69  
 City PECOS State NM Zip Code 87552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2019  
**Transaction ID : SA11AI.14291**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. GARCIA 691, IRENE, , MRS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1404 LODGEPOLE RD  
 City SIDNEY State NE Zip Code 69162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2019  
**Transaction ID : SA11AI.12276**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<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. GARCIA 691, IRENE, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 LODGEPOLE RD

City SIDNEY	State NE	Zip Code 69162
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2019

**Transaction ID : SA11AI.12275**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. GERMOND 377, ROGER L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 COOTER WAY

City GREENEVILLE	State TN	Zip Code 37743
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2019

**Transaction ID : SA11AI.7757**

Amount of Each Receipt this Period  
105.00

Memo Item

**C. GERMOND 377, ROGER L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 COOTER WAY

City GREENEVILLE	State TN	Zip Code 37743
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2019

**Transaction ID : SA11AI.7828**

Amount of Each Receipt this Period  
105.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GUNDERSON 999, GIL M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1408

City WRANGELL	State AK	Zip Code 99929
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2019  
**Transaction ID : SA11AI.8346**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. GUNDERSON 999, GIL M, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1408

City WRANGELL	State AK	Zip Code 99929
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2019  
**Transaction ID : SA11AI.8347**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. HAGEDORN 808, MARTHA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 ARAPAHOE TRL

City WOODLAND PARK	State CO	Zip Code 80863
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2019  
**Transaction ID : SA11AI.7787**

Amount of Each Receipt this Period  
100.00

Memo Item

<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 37 OF 108
	<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. HARRISON 599, WILLIAM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1122 ECHO LAKE RD

City BIGFORK	State MT	Zip Code 59911
-----------------	-------------	-------------------

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

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

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		20		2019

**Transaction ID : SA11AI.7469**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. HOLMES 925, MAUREEN, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45101 STONEY HILL DR

City TEMECULA	State CA	Zip Code 92592
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2019

**Transaction ID : SA11AI.12018**

Amount of Each Receipt this Period  
80.00

Memo Item

**C. HOLMES 925, MAUREEN, , MRS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45101 STONEY HILL DR

City TEMECULA	State CA	Zip Code 92592
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) NOT EMPLOYED
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2019

**Transaction ID : SA11AI.11945**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<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 38 OF 108
	<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. HOTTLE 770, GREG, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11914 LEGEND MANOR DR

City HOUSTON	State TX	Zip Code 77082
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CAMERON INTERNATIONAL	Occupation (for Individual) 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		03		2019

**Transaction ID : SA11AI.7570**

Amount of Each Receipt this Period  
400.00

Memo Item

**B. HUGHES 600, WILLIAM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1510 S RIVER RD

City LIBERTYVILLE	State IL	Zip Code 60048
----------------------	-------------	-------------------

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

Name of Employer (for Individual) ALLIANCE RACING	Occupation (for Individual) MANAGER
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2019

**Transaction ID : SA11AI.13121**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. IBBETSON 667, DAVID, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1275 70TH RD

City YATES CENTER	State KS	Zip Code 66783
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2019

**Transaction ID : SA11AI.6914**

Amount of Each Receipt this Period  
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. IBBETSON 667, DAVID, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1275 70TH RD  
 City YATES CENTER State KS Zip Code 66783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 10 / 2019  
**Transaction ID : SA11AI.6986**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

Date of Receipt 05 / 02 / 2019  
**Transaction ID : SA11AI.13771**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. JOHNSON 511, LYNN, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 OLD LAKEPORT RD  
 City SIOUX CITY State IA Zip Code 51106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2019  
**Transaction ID : SA11AI.10014**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 108
	<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. KNEE 281, DAN A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 733 PLANTATION ESTATES DR  
APT B211

City MATTHEWS	State NC	Zip Code 28105
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2019

**Transaction ID : SA11AI.8549**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. KROPP 103, WESLEY W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) WESLEY KROPP DESIGNS	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2019

**Transaction ID : SA11AI.9336**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. KROPP 103, WESLEY W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) WESLEY KROPP DESIGNS	Occupation (for Individual) BUSINESS OWNER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2019

**Transaction ID : SA11AI.9337**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 108
	<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. KROPP 103, WESLEY W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 COURT ST

City STATEN ISLAND	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) WESLEY KROPP DESIGNS	Occupation (for Individual) BUSINESS OWNER
---	---

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		27		2019

**Transaction ID : SA11AI.9335**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. KURZET 926, ANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2019

**Transaction ID : SA11AI.9793**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. KURZET 926, ANNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 VALLE RD

City SAN JUAN CAPISTRAN	State CA	Zip Code 92675
----------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2019

**Transaction ID : SA11AI.9739**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 108
	<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. LAMANNA 600, JANET J, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1016 W BRITTANY DR

City ARLINGTON HTS	State IL	Zip Code 60004
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

**Transaction ID : SA11AI.13169**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. LAMBERT 402, CHESTER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 619 E OAK ST

City LOUISVILLE	State KY	Zip Code 40203
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2019

**Transaction ID : SA11AI.12530**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. LANE 218, LINDSAY C, , MS, RN**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 297 BEAVER DAM DR

City SALISBURY	State MD	Zip Code 21804
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) REGISTERED NURSE
--	---

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	/	2019

**Transaction ID : SA11AI.10310**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<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 43 OF 108
	<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. LEE 751, JUDITH, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 DIAMOND POINT DR

City MABANK	State TX	Zip Code 75156
----------------	-------------	-------------------

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

Name of Employer (for Individual) THE WOOD GALLERY	Occupation (for Individual) SELF EMPLOYED
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2019

**Transaction ID : SA11AI.6256**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. LEVINSON 770, DOROTHY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11780 WINSHIRE CIR  
APT 1506

City HOUSTON	State TX	Zip Code 77024
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2019

**Transaction ID : SA11AI.7339**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MAEDGEN 783, M A, , MR, SR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 87

City MATHIS	State TX	Zip Code 78368
----------------	-------------	-------------------

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

Name of Employer (for Individual) BELLA DENTAL	Occupation (for Individual) DENTIST
---	--

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		19		2019

**Transaction ID : SA11AI.11298**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 108
	<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. MASTERSON 601, TOM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 W SAINT CHARLES RD

City LOMBARD	State IL	Zip Code 60148
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

**Transaction ID : SA11AI.7783**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. MASTERSON 601, TOM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 128 W SAINT CHARLES RD

City LOMBARD	State IL	Zip Code 60148
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2019

**Transaction ID : SA11AI.7486**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MELETIO 752, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3809 GREENBRIER DR

City DALLAS	State TX	Zip Code 75225
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2019

**Transaction ID : SA11AI.4526**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 108
	<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. MEYERS 809, GEORGE J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12105 AMBASSADOR DR  
 APT 200  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **05 / 21 / 2019**  
**Transaction ID : SA11AI.5038**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. MILES 482, PATRICIA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23201 FOREST ST  
 City OAK PARK State MI Zip Code 48237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 11 / 2019**  
**Transaction ID : SA11AI.10867**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MILES 482, PATRICIA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23201 FOREST ST  
 City OAK PARK State MI Zip Code 48237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 27 / 2019**  
**Transaction ID : SA11AI.10865**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MOORE 937, STEVE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 466 W FALLBROOK AVE  
 SUITE 107  
 City FRESNO State CA Zip Code 93711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEVE MOORE FARMS Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2019  
**Transaction ID : SA11AI.5132**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. MOORE 937, STEVE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 466 W FALLBROOK AVE  
 SUITE 107  
 City FRESNO State CA Zip Code 93711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEVE MOORE FARMS Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 03 / 01 / 2019  
**Transaction ID : SA11AI.4673**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. MOORE 937, STEVE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 466 W FALLBROOK AVE  
 SUITE 107  
 City FRESNO State CA Zip Code 93711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STEVE MOORE FARMS Occupation (for Individual) FARMER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 09 / 2019  
**Transaction ID : SA11AI.5133**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 108
	<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. MOORE 937, STEVE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 466 W FALLBROOK AVE  
SUITE 107

City FRESNO State CA Zip Code 93711

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

Name of Employer (for Individual) STEVE MOORE FARMS Occupation (for Individual) FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2019

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. MORGADO 331, RUBY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 NW 114TH AVE  
UNIT A

City MIAMI State FL Zip Code 33178

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

Name of Employer (for Individual) BTX GLOBAL LOGISTICS Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2019

**Transaction ID : SA11AI.4793**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. MORGADO 331, RUBY, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3700 NW 114TH AVE  
UNIT A

City MIAMI State FL Zip Code 33178

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

Name of Employer (for Individual) BTX GLOBAL LOGISTICS Occupation (for Individual) OWNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2019

**Transaction ID : SA11AI.6676**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 108
	<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. MOSLEY 730, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MAPLE LN

City CHICKASHA	State OK	Zip Code 73018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOSLEY REAL ESTATE	Occupation (for Individual) REALTOR
---	--

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		07		2019

**Transaction ID : SA11AI.6912**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. MOSLEY 730, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MAPLE LN

City CHICKASHA	State OK	Zip Code 73018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOSLEY REAL ESTATE	Occupation (for Individual) REALTOR
---	--

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		05		2019

**Transaction ID : SA11AI.6934**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. MOSLEY 730, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MAPLE LN

City CHICKASHA	State OK	Zip Code 73018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOSLEY REAL ESTATE	Occupation (for Individual) REALTOR
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2019

**Transaction ID : SA11AI.6935**

Amount of Each Receipt this Period  
350.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 108
	<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. MOSLEY 730, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MAPLE LN

City CHICKASHA	State OK	Zip Code 73018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOSLEY REAL ESTATE	Occupation (for Individual) REALTOR
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2019

**Transaction ID : SA11AI.6930**

Amount of Each Receipt this Period  

- 250.00
----------

 Memo Item

**B. MOSLEY 730, JOHN, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 107 MAPLE LN

City CHICKASHA	State OK	Zip Code 73018
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MOSLEY REAL ESTATE	Occupation (for Individual) REALTOR
---	--

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		04		2019

**Transaction ID : SA11AI.6933**

Amount of Each Receipt this Period  

- 350.00
----------

 Memo Item

**C. OCONNOR 802, PAT, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 735 S POPLAR ST

City DENVER	State CO	Zip Code 80224
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2019

**Transaction ID : SA11AI.6084**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 108
	<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. ODEN 280, ELSA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 167 COTTONTAIL LN SE

City CONCORD	State NC	Zip Code 28025
-----------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) VIRTUAL ASSISTANCE
--	---

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		21		2019

**Transaction ID : SA11AI.7947**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. OTHOLD 086, CHARLES, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 KNAPP AVE

City HAMILTON	State NJ	Zip Code 08610
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2019

**Transaction ID : SA11AI.13680**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. PALAGANAS 275, MARYJANE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105 SUSAN CIR

City GOLDSBORO	State NC	Zip Code 27530
-------------------	-------------	-------------------

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

Name of Employer (for Individual) MJP VISIONS REALTY LLC	Occupation (for Individual) MANAGER
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : SA11AI.11320**

Amount of Each Receipt this Period  
50.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 108
	<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. PETERSON 953, ALFONSE, , MR,**  
Mailing Address 6567 TOLUCA AVE

City WINTON	State CA	Zip Code 95388
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) SELF EMPLOYED		Occupation (for Individual) CONSULTANT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>

Date of Receipt  
**05 / 09 / 2019**  
**Transaction ID : SA11AI.12996**

Amount of Each Receipt this Period  
**300.00**

Memo Item

**B. PIVONKA 778, LELA, , MS,**  
Mailing Address 2503 COUNTY ROAD 100

City CALDWELL	State TX	Zip Code 77836
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) NOT EMPLOYED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>250.00</b>

Date of Receipt  
**04 / 12 / 2019**  
**Transaction ID : SA11AI.11109**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**C. PURDY 042, MAUREEN, , MRS,**  
Mailing Address 45 GREAT OAKS LN

City OXFORD	State ME	Zip Code 04270
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <b>400.00</b>

Date of Receipt  
**05 / 06 / 2019**  
**Transaction ID : SA11AI.12184**

Amount of Each Receipt this Period  
**200.00**

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 108
	<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. READ 805, SCOTT, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 CHAPMAN RD

City JOHNSTOWN	State CO	Zip Code 80534
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2019

**Transaction ID : SA11AI.9307**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. REID 308, WILLIAM, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5120 WELLS DR

City EVANS	State GA	Zip Code 30809
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

**Transaction ID : SA11AI.5946**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. RISMILLER 338, BRUCE, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2710 BELLERIVE DR

City LAKELAND	State FL	Zip Code 33803
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2019

**Transaction ID : SA11AI.13738**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ROBINSON 786, CRAIG, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 RIO LLANO DR W

City LLANO	State TX	Zip Code 78643
---------------	-------------	-------------------

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

Name of Employer (for Individual) FREESE & NICHOLS INC	Occupation (for Individual) CONSTRUCTION MANAGER
---	---

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	/	31	/	2019

**Transaction ID : SA11AI.6351**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. ROBINSON 983, NANCY PAINO, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10911 COLE PL

City ANDERSON ISLAND	State WA	Zip Code 98303
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2019

**Transaction ID : SA11AI.7529**

Amount of Each Receipt this Period  
105.00

Memo Item

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

Mailing Address 140 ATLANTIC AVE

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	07	/	2019

**Transaction ID : SA11AI.4604**

Amount of Each Receipt this Period  
300.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	505.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 108
	<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. ROSS 370, ANN R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 358 PEARTREE DR

City CLARKSVILLE	State TN	Zip Code 37043
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		29		2019

**Transaction ID : SA11AI.8661**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. ROSS 370, ANN R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 358 PEARTREE DR

City CLARKSVILLE	State TN	Zip Code 37043
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2019

**Transaction ID : SA11AI.8660**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. ROSS 370, ANN R, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 358 PEARTREE DR

City CLARKSVILLE	State TN	Zip Code 37043
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2019

**Transaction ID : SA11AI.8664**

Amount of Each Receipt this Period  
100.00

Memo Item

<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 55 OF 108
	<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. SCHAAD 706, DANIEL, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 PUJO ST

City LAKE CHARLES	State LA	Zip Code 70601
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2019

**Transaction ID : SA11AI.12486**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. SHACKELFORD 662, WILLIAM H, , MR, III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6945 BELINDER AVE

City PRAIRIE VILLAGE	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2019

**Transaction ID : SA11AI.9414**

Amount of Each Receipt this Period  
205.00

Memo Item

**C. SHACKELFORD 662, WILLIAM H, , MR, III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6945 BELINDER AVE

City PRAIRIE VILLAGE	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2019

**Transaction ID : SA11AI.9413**

Amount of Each Receipt this Period  
205.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	710.00
<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 56 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SHARRATT 330, LAURA, , MS,

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT 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  
 01 / 23 / 2019

**Transaction ID : SA11AI.11372**

Amount of Each Receipt this Period  
300.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SHARRATT 330, LAURA, , MS,

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT 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  
 03 / 18 / 2019

**Transaction ID : SA11AI.11628**

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SHARRATT 330, LAURA, , MS,

Mailing Address 4730 FILLMORE ST

City HOLLYWOOD	State FL	Zip Code 33021
-------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) RESTAURANT OWNER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2019

**Transaction ID : SA11AI.11820**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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 57 OF 108  
(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. SIANI 864, THOMAS, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2231 MCCULLOCH BLVD N  
 City LK HAVASU CTY    State AZ    Zip Code 86403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PORTSIDE CLEANERS    Occupation (for Individual) SELF EMPLOYED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2019  
**Transaction ID : SA11AI.12680**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. SMITH 532, BARBARA, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3222 E HAMPSHIRE ST  
 City MILWAUKEE    State WI    Zip Code 53211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 14 / 2019  
**Transaction ID : SA11AI.8764**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. SNELL 921, MARY M, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1364 SANTA BARBARA ST  
 City SAN DIEGO    State CA    Zip Code 92107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 07 / 2019  
**Transaction ID : SA11AI.8316**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 58 OF 108
	(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. SPITZER 581, FRED R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 4TH AVE N

City FARGO	State ND	Zip Code 58102
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2019

**Transaction ID : SA11AI.7048**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. SPITZER 581, FRED R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 4TH AVE N

City FARGO	State ND	Zip Code 58102
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2019

**Transaction ID : SA11AI.7049**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. SPITZER 581, FRED R, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 4TH AVE N

City FARGO	State ND	Zip Code 58102
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2019

**Transaction ID : SA11AI.7051**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	520.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 108
	<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. STEARNS 068, WILLIS, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 WAKEMORE ST

City DARIEN	State CT	Zip Code 06820
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

**Transaction ID : SA11AI.4975**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. STEGER 244, DONALD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2875

City STAUNTON	State VA	Zip Code 24402
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

**Transaction ID : SA11AI.8305**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1410 FOUNTAIN VIEW DR  
APT 135

City HOUSTON	State TX	Zip Code 77057
-----------------	-------------	-------------------

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

Name of Employer (for Individual) TPIC	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2019

**Transaction ID : SA11AI.6713**

Amount of Each Receipt this Period  
450.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108
	<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. STEVERSON 730, LARRY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 205 SE 3RD ST

City TUTTLE	State OK	Zip Code 73089
----------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2019

**Transaction ID : SA11AI.12472**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. STONE 315, TERRY, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 BAXLEY HWY

City HAZLEHURST	State GA	Zip Code 31539
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

**Transaction ID : SA11AI.6135**

Amount of Each Receipt this Period  
175.00

Memo Item

**C. STONE 881, DAVID L, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

City PORTALES	State NM	Zip Code 88130
------------------	-------------	-------------------

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

Name of Employer (for Individual) JP STONE COMMUNITY BANK	Occupation (for Individual) BANKER
--	---------------------------------------

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
02		01		2019

**Transaction ID : SA11AI.9684**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TIKKER 837, BOB, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 369 S WINTHROP PL

City BOISE	State ID	Zip Code 83709
---------------	----------	-------------------

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

Name of Employer (for Individual) TIKKER ENGINEERING	Occupation (for Individual) ENGINEER
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2019

**Transaction ID : SA11AI.5798**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. TIKKER 837, BOB, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 369 S WINTHROP PL

City BOISE	State ID	Zip Code 83709
---------------	----------	-------------------

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

Name of Employer (for Individual) TIKKER ENGINEERING	Occupation (for Individual) ENGINEER
---	---

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
03	/	06	/	2019

**Transaction ID : SA11AI.5797**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. TOWNSEND 755, SANDRA, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 SARAH LN

City TEXARKANA	State ID TX	Zip Code 75503
-------------------	----------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	03	/	2019

**Transaction ID : SA11AI.5762**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 108
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. TREDINICK 322, SUE B, , MS,</b>		Date of Receipt
Mailing Address 9250 BAYMEADOWS RD STE 400		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2019"/>
City JACKSONVILLE	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.9758</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period
Occupation (for Individual) RETIRED		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="250.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TREDINICK 322, SUE B, , MS,</b>		Date of Receipt
Mailing Address 9250 BAYMEADOWS RD STE 400		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2019"/>
City JACKSONVILLE	State FL	Zip Code 32256
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.9734</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period
Occupation (for Individual) RETIRED		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="500.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. TULLIS 857, ROBERT, , MR,</b>		Date of Receipt
Mailing Address 6745 S VIA PERICO		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2019"/>
City TUCSON	State AZ	Zip Code 85746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.8332</b>
Name of Employer (for Individual) NONE		Amount of Each Receipt this Period
Occupation (for Individual) RETIRED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<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 63 OF 108  
(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. TURNBULL 750, WADE W, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2791 WATERWAY DR  
 City GRAND PRAIRIE State TX Zip Code 75054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 23 / 2019  
**Transaction ID : SA11AI.9471**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. UMPHLETT 234, WILLIAM J, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 597  
 City WINDSOR State VA Zip Code 23487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DRYDOCK Occupation (for Individual) MAINTENANCE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2019  
**Transaction ID : SA11AI.9469**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. VEARD 440, JON R, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9733 QUARRY RD  
 City AMHERST State OH Zip Code 44001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 18 / 2019  
**Transaction ID : SA11AI.12589**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**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 64 OF 108
	<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. WALIMA 959, SUSAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14333 COUNTRYSIDE RANCH RD

City GRASS VALLEY	State CA	Zip Code 95949
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CA HERITAGE COUNCIL	Occupation (for Individual) BOARD MEMBER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2019

**Transaction ID : SA11AI.9776**

Amount of Each Receipt this Period  
300.00

Memo Item

**B. WALIMA 959, SUSAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14333 COUNTRYSIDE RANCH RD

City GRASS VALLEY	State CA	Zip Code 95949
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CA HERITAGE COUNCIL	Occupation (for Individual) BOARD MEMBER
--	---

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
03		25		2019

**Transaction ID : SA11AI.9722**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WALIMA 959, SUSAN, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14333 COUNTRYSIDE RANCH RD

City GRASS VALLEY	State CA	Zip Code 95949
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CA HERITAGE COUNCIL	Occupation (for Individual) BOARD MEMBER
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2019

**Transaction ID : SA11AI.9721**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 65 OF 108  
(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. WALKER 631, GEORGE, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12354 COURTYARD LAKE DR  
 City SAINT LOUIS    State MO    Zip Code 63127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LPL FININACIAL    Occupation (for Individual) MANAGER  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2019  
**Transaction ID : SA11AI.7506**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. WATERS 306, KAY, , MS,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 SAINT IVES LN  
 City ATHENS    State GA    Zip Code 30606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NONE    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2019  
**Transaction ID : SA11AI.6686**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. WEST 782, KEVIN B, , MR,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6202 BANNOCKS DR  
 City SAN ANTONIO    State TX    Zip Code 78239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US GOVT    Occupation (for Individual) RETIRED  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 11 / 2019  
**Transaction ID : SA11AI.9950**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**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 66 OF 108
	<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. WESTLAKE 208, RICHARD, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7221 MILLCREST TER

City DERWOOD	State MD	Zip Code 20855
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2019

**Transaction ID : SA11AI.13471**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. WILKINSON 974, TIMOTHY A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX H

City GLENDALE	State OR	Zip Code 97442
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

**Transaction ID : SA11AI.8265**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2019

**Transaction ID : SA11AI.9144**

Amount of Each Receipt this Period  
350.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 108
	<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. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2019

**Transaction ID : SA11AI.9142**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. WILLETT 484, DONALD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2019

**Transaction ID : SA11AI.9143**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. WITT 760, DON W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BLACKHAWK CUSTOMS	Occupation (for Individual) 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
04		22		2019

**Transaction ID : SA11AI.12872**

Amount of Each Receipt this Period  
150.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 108
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WITT 760, DON W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BLACKHAWK CUSTOMS	Occupation (for Individual) OWNER
--	--------------------------------------

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	/	04	/	2019

**Transaction ID : SA11AI.12890**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. WITT 760, DON W, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) BLACKHAWK CUSTOMS	Occupation (for Individual) OWNER
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2019

**Transaction ID : SA11AI.12869**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. WOLHAUPTER 902, CHARLES K, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 425

City MALIBU	State CA	Zip Code 90265
----------------	-------------	-------------------

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

Name of Employer (for Individual) FISKE LEAPWOOD FLOWERS LLC	Occupation (for Individual) MANAGER
---	--

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	/	18	/	2019

**Transaction ID : SA11AI.12860**

Amount of Each Receipt this Period  
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 108
	<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. YANNELLI 076, RICHARD A, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8 PARK ST

City S HACKENSACK	State NJ	Zip Code 07606
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2019

**Transaction ID : SA11AI.7215**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. YBARRA 882, LYNNE, , MS,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1105 KACHINA DR

City ROSWELL	State NM	Zip Code 88201
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2019

**Transaction ID : SA11AI.12632**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. ZIEVE 982, PETER, , MR,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4413 CHENNAULT BEACH RD

City MUKILTEO	State WA	Zip Code 98275
------------------	-------------	-------------------

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

Name of Employer (for Individual) ELECTROIMPACT	Occupation (for Individual) ENGINEER
--	---

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		01		2019

**Transaction ID : SA11AI.5002**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	30580.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 108
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOHN JAMES FOR SENATE, INC.**

Mailing Address PO BOX 2969

City FARMINGTON HILLS	State MI	Zip Code 48333
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00651208

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

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2019

**Transaction ID : SA16.14725**

Amount of Each Receipt this Period  
2300.00

Memo Item  
**CONTRIBUTION REFUND**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2300.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1920 MCKINNEY AVE  
7TH FLOOR

City DALLAS State TX Zip Code 75201

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14700**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BAKER HOSTETLER LLP**

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL SERVICES

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4113**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. BAKER HOSTETLER LLP**

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
LEGAL SERVICES

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4162**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. BAKER HOSTETLER LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 04 / 01 / 2019

FEC Identification Number: C00566174

Transaction ID : SB21B.4163

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. BAKER HOSTETLER LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2019

FEC Identification Number: C00566174

Transaction ID : SB21B.4164

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement BANK FEE: BofA MERCHANT SERVICE FEE

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2019

FEC Identification Number: C00566174

Transaction ID : SB21B.4126

Amount of Each Disbursement this Period: 288.41

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2288.41

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

**001**  
Category/  
Type

**Transaction ID : SB21B.4133**

Amount of Each Disbursement this Period

28.95

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

**001**  
Category/  
Type

**Transaction ID : SB21B.4137**

Amount of Each Disbursement this Period

412.12

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS DISCOUNT FEE

**001**  
Category/  
Type

**Transaction ID : SB21B.4118**

Amount of Each Disbursement this Period

59.04

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

500.11

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: USAePAY CHARGE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2019

FEC Identification Number

C00566174

**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

20.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS CHARGE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2019

FEC Identification Number

C00566174

**Transaction ID : SB21B.4147**

Amount of Each Disbursement this Period

191.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2019

FEC Identification Number

C00566174

**Transaction ID : SB21B.4120**

Amount of Each Disbursement this Period

7.95

Memo Item

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

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

219.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT SERVICE FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4127**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4134**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.4138**  
Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 05 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00566174 <b>Transaction ID : SB21B.4117</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 144.32	
Purpose of Disbursement BANK FEE: AMERICAN EXPRESS DISCOUNT FEE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 07 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00566174 <b>Transaction ID : SB21B.4141</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement BANK FEE: USAePAY CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. CAPITALONE BANK</b>			Date of Disbursement MM / DD / YYYY 02 / 19 / 2019	
Mailing Address 1680 CAPITAL ONE DR			FEC Identification Number C00566174 <b>Transaction ID : SB21B.4148</b>	
City MCLEAN	State VA	Zip Code 22102	Amount of Each Disbursement this Period 218.32	
Purpose of Disbursement BANK FEE: ACCOUNT ANALYSIS CHARGE		Category/ Type 001	Memo Item <input type="checkbox"/>	
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	382.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: ANNUAL USAePAY CHARGE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4143

Amount of Each Disbursement this Period

79.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 01 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4122

Amount of Each Disbursement this Period

7.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4135

Amount of Each Disbursement this Period

480.88

Memo Item

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

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

568.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4139**

Amount of Each Disbursement this Period

969.03

Memo Item

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4115**

Amount of Each Disbursement this Period

157.60

Memo Item

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS DISCOUNT FEE

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	9

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.4130**

Amount of Each Disbursement this Period

70.86

Memo Item

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT SERVICE 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)..... ▶

1197.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City  
MCLEAN

State  
VA

Zip Code  
22102

**Transaction ID : SB21B.4123**

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

001
Category/ Type

Amount of Each Disbursement this Period

25.00
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City  
MCLEAN

State  
VA

Zip Code  
22102

**Transaction ID : SB21B.4142**

Purpose of Disbursement  
BANK FEE: USAePAY CHARGE

001
Category/ Type

Amount of Each Disbursement this Period

20.00
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		18		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City  
MCLEAN

State  
VA

Zip Code  
22102

**Transaction ID : SB21B.4150**

Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS CHARGE

001
Category/ Type

Amount of Each Disbursement this Period

265.19
--------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

310.19
--------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

**Transaction ID : SB21B.4124**

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

001
Category/ Type

Amount of Each Disbursement this Period

7.95
------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

**Transaction ID : SB21B.4128**

Purpose of Disbursement  
BANK FEE: BofA MERCHANT SERVICE FEE

001
Category/ Type

Amount of Each Disbursement this Period

368.42
--------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

**Transaction ID : SB21B.4131**

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

001
Category/ Type

Amount of Each Disbursement this Period

46.64
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

423.01
--------

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 04 / 2019

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4140**  
Amount of Each Disbursement this Period  
646.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS DISCOUNT FEE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 05 / 2019

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4119**  
Amount of Each Disbursement this Period  
92.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: USAePAY CHARGE

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2019

FEC Identification Number  
**C** C00566174  
**Transaction ID : SB21B.4145**  
Amount of Each Disbursement this Period  
20.00

Memo Item

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

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

758.73

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS CHARGE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
04 / 16 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4151**  
Amount of Each Disbursement this Period  
320.03

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 01 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4125**  
Amount of Each Disbursement this Period  
7.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS DISCOUNT FEE

001  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
05 / 06 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4116**  
Amount of Each Disbursement this Period  
86.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 414.22

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT SERVICE FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4129

Amount of Each Disbursement this Period

402.01

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4132

Amount of Each Disbursement this Period

43.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2019

FEC Identification Number

C00566174

Transaction ID : SB21B.4136

Amount of Each Disbursement this Period

654.46

Memo Item

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

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

1100.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: USAePAY CHARGE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period: 20.00

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS CHARGE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 16 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period: 267.64

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS COLLECTION FEE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 03 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.1465t**

Amount of Each Disbursement this Period: 7.95

Memo Item

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

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

295.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT FEE

001
Category/ Type

**Transaction ID : SB21B.14659**  
Amount of Each Disbursement this Period

38.12
-------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT DISCOUNT CHARGE

001
Category/ Type

**Transaction ID : SB21B.14660**  
Amount of Each Disbursement this Period

398.29
--------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITALONE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2019

Mailing Address 1680 CAPITAL ONE DR

FEC Identification Number

C	C00566174
---	-----------

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: BofA MERCHANT INTRCHNG FEE

001
Category/ Type

**Transaction ID : SB21B.14661**  
Amount of Each Disbursement this Period

525.27
--------

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Memo Item

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

961.68
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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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: AMERICAN EXPRESS DISCOUNT FEE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.14662**  
Amount of Each Disbursement this Period: 136.63

Memo Item

**B. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: USAePAY CHARGE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.14663**  
Amount of Each Disbursement this Period: 20.00

Memo Item

**C. CAPITALONE BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 1680 CAPITAL ONE DR

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
BANK FEE: ACCOUNT ANALYSIS CHARGE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2019

FEC Identification Number: C00566174  
**Transaction ID : SB21B.14664**  
Amount of Each Disbursement this Period: 267.97

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 424.60

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14689**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14690**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14691**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14692**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14693**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.14694**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
PHONE BANK: VOTER CONTACT CALLS

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.14695**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.14696**

Amount of Each Disbursement this Period

Memo Item

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  
PHONE BANK: VOTER CONTACT CALLS

**003**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00566174

**Transaction ID : SB21B.14697**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. INFOCISION MANAGEMENT CORP**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
LN 21b DISBURSEMENTS ALLOCATED TO LN 24

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.14698**  
Amount of Each Disbursement this Period  
- 85069.46

Memo Item

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  
LN 21b DISBURSEMENTS ALLOCATED TO LN 29

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.14699**  
Amount of Each Disbursement this Period  
- 111013.17

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 02 / 2019

FEC Identification Number  
C00566174  
**Transaction ID : SB21B.4161**  
Amount of Each Disbursement this Period  
3500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ - 192582.63

**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"/> 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. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	9

FEC Identification Number

C C00566174

Transaction ID : SB21B.4176

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	9

FEC Identification Number

C C00566174

Transaction ID : SB21B.4177

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	9

FEC Identification Number

C C00566174

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

3	5	0	0	0	0
---	---	---	---	---	---

Memo Item

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

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

1	0	5	0	0	0
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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"/> 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. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2019

FEC Identification Number

C 00566174

**Transaction ID : SB21B.4179**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**TEA PARTY MAJORITY FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2019

FEC Identification Number

C 00566174

**Transaction ID : SB21B.4180**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

7000.00

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

60267.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. COMMONWEALTH OF PENNSYLVANIA**

Mailing Address **BUREAU OF ELECTIONS  
210 N OFFICE BUILDING**

City **HARRISBURG** State **PA** Zip Code **17120**

Purpose of Disbursement  
**FILING FEE**

**001**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**04 / 30 / 2019**

FEC Identification Number  
**C C00566174**  
**Transaction ID : SB29.4192**  
Amount of Each Disbursement this Period  
**250.00**

Memo Item

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  
**NON-IE POLITICAL VOTER CONTACT CALLS**

**004**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**01 / 24 / 2019**

FEC Identification Number  
**C C00566174**  
**Transaction ID : SB29.4153**  
Amount of Each Disbursement this Period  
**27834.17**

Memo Item

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  
**NON-IE POLITICAL VOTER CONTACT CALLS**

**004**  
Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
**02 / 19 / 2019**

FEC Identification Number  
**C C00566174**  
**Transaction ID : SB29.4154**  
Amount of Each Disbursement this Period  
**13253.36**

Memo Item

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

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

**41337.53**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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**

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement  
NON-IE POLITICAL VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4155**

Amount of Each Disbursement this Period

Memo Item

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  
NON-IE POLITICAL VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4156**

Amount of Each Disbursement this Period

Memo Item

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  
NON-IE POLITICAL VOTER CONTACT CALLS

Category/  
Type

Candidate Name  
**TEA PARTY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.4157**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2019
Mailing Address 325 SPRINGSIDE DR		FEC Identification Number C00566174 <b>Transaction ID : SB29.4158</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement NON-IE POLITICAL VOTER CONTACT CALLS		Category/ Type 004
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 5987.35
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2019
Mailing Address 325 SPRINGSIDE DR		FEC Identification Number C00566174 <b>Transaction ID : SB29.4159</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement NON-IE POLITICAL VOTER CONTACT CALLS		Category/ Type 004
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 6067.37
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2019
Mailing Address 325 SPRINGSIDE DR		FEC Identification Number C00566174 <b>Transaction ID : SB29.4160</b>
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement NON-IE POLITICAL VOTER CONTACT CALLS		Category/ Type 004
Candidate Name <b>TEA PARTY MAJORITY FUND</b>		Amount of Each Disbursement this Period 5653.37
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17708.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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) <b>A. INFOCISION MANAGEMENT CORP</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2019
Mailing Address 325 SPRINGSIDE DR		FEC Identification Number C00566174 <b>Transaction ID : SB29.14665</b> Amount of Each Disbursement this Period 10651.14
City AKRON	State OH	Zip Code 44333
Purpose of Disbursement NON-IE POLITICAL VOTER CONTACT CALLS		Category/ Type 004
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STRATEGIC CAMPAIGN GROUP</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address 191 MAIN STREET SUITE 310		FEC Identification Number C00566174 <b>Transaction ID : SB29.14685</b> Amount of Each Disbursement this Period 1031.35
City ANNAPOLIS	State MD	Zip Code 21401
Purpose of Disbursement Domain Registrations & Website Updates		Category/ Type 004
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UPT STRATEGIES</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2019
Mailing Address PO BOX 31403		FEC Identification Number C00566174 <b>Transaction ID : SB29.14687</b> Amount of Each Disbursement this Period 276.00
City CHARLESTON	State SC	Zip Code 29417
Purpose of Disbursement WEBSITE HOSTING		Category/ Type 004
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11958.49
<b>TOTAL</b> This Period (last page this line number only).....▶	112570.52

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 OF 108
	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): PHONE BANK: VOTER CONTACT CALLS
Mailing Address 325 SPRINGSIDE DR			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period		Transaction ID : SD10.14656	
11803.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
240898.22	220317.56	32384.10	

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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	32384.10
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	32384.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	32384.10

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 HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2000.00
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Signature

Date 07 / 29 / 2019

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
HINES DIGITAL
Mailing Address
6 HOLLIBEN CT
City
SEVERNA PARK
State
MD
Zip Code
21146
Purpose of Expenditure
VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type
004

Date of Public Distribution/Dissemination
02 / 14 / 2019
Amount
2750.00
Transaction ID : SE.14668
Date of Disbursement or Obligation
03 / 01 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
25166.89

Office Sought:
House
Senate
President
General
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
HINES DIGITAL
Mailing Address
6 HOLLIBEN CT
City
SEVERNA PARK
State
MD
Zip Code
21146
Purpose of Expenditure
VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type
004

Date of Public Distribution/Dissemination
02 / 14 / 2019
Amount
2750.00
Transaction ID : SE.14704
Date of Disbursement or Obligation
03 / 01 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
25166.89

Office Sought:
House
Senate
President
General
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2750.00
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

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  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <b>HINES DIGITAL</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>6 HOLLIBEN CT</b>	Amount <input type="text"/> 500.00 <b>Transaction ID : SE.14671</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>SEVERNA PARK</b> State <b>MD</b> Zip Code <b>21146</b>	
Purpose of Expenditure <b>VOTER CONTACT eMAILS OVER SEVERAL WEEKS</b> Category/Type <input type="text"/> <b>004</b>	
Name of Federal Candidate: <b>TRUMP, DONALD J, ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>47240.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>HINES DIGITAL</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>6 HOLLIBEN CT</b>	Amount <input type="text"/> 500.00 <b>Transaction ID : SE.14705</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City <b>SEVERNA PARK</b> State <b>MD</b> Zip Code <b>21146</b>	
Purpose of Expenditure <b>VOTER CONTACT eMAILS OVER SEVERAL WEEKS</b> Category/Type <input type="text"/> <b>004</b>	
Name of Federal Candidate: <b>TRUMP, DONALD J, ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>47240.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 500.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/>

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.

MACKENZIE, SCOTT B, ,

*[Electronically Filed]*

Date

/  /

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 HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Date of Public Distribution/Dissemination 02/14/2019
Amount 2750.00
Transaction ID: SE.14669
Date of Disbursement or Obligation 04/09/2019
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type 004
Date of Public Distribution/Dissemination 02/14/2019
Amount 2750.00
Transaction ID: SE.14706
Date of Disbursement or Obligation 04/09/2019
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2750.00
(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.

MACKENZIE, SCOTT B, , [Electronically Filed] Date 07/29/2019
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
HINES DIGITAL
Mailing Address
6 HOLLIBEN CT
City
SEVERNA PARK
State
MD
Zip Code
21146
Purpose of Expenditure
VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type
004

Date of Public Distribution/Dissemination
02 / 14 / 2019
Amount
2250.00
Transaction ID : SE.14670
Date of Disbursement or Obligation
05 / 06 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
72439.11

Office Sought:
House
Senate
President
State:
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
HINES DIGITAL
Mailing Address
6 HOLLIBEN CT
City
SEVERNA PARK
State
MD
Zip Code
21146
Purpose of Expenditure
VOTER CONTACT eMAILS OVER SEVERAL WEEKS
Category/Type
004

Date of Public Distribution/Dissemination
02 / 14 / 2019
Amount
2250.00
Transaction ID : SE.14707
Date of Disbursement or Obligation
05 / 06 / 2019

Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
72439.11

Office Sought:
House
Senate
President
State:
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 2250.00
(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.

MACKENZIE, SCOTT B, ,
[Electronically Filed]
Signature

Date
07 / 29 / 2019

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 HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS LIST RENTALS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

Full Name of Payee HINES DIGITAL
Mailing Address 6 HOLLIBEN CT
City SEVERNA PARK State MD Zip Code 21146
Purpose of Expenditure VOTER CONTACT eMAILS LIST RENTALS
Category/Type 004
Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President Senate State:
Disbursement For: Primary General 2020 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4296.44
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

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 OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General 2020 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support Oppose
Office Sought:
House Senate State:
Disbursement For:
Primary General 2020 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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

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
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
2020

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
2020

(a) SUBTOTAL of Itemized Independent Expenditures
28435.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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MACKENZIE, SCOTT B, ,

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Date 07 / 29 / 2019

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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
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
14075.19
Transaction ID : SE.14680
Date of Disbursement or Obligation
04 / 16 / 2019
Calendar Year-To-Date
Per Election for Office Sought
64065.68

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
6123.43
Transaction ID : SE.14681
Date of Disbursement or Obligation
04 / 29 / 2019
Calendar Year-To-Date
Per Election for Office Sought
70189.11

(a) SUBTOTAL of Itemized Independent Expenditures ..... 20198.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

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
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
6205.28
Transaction ID : SE.14682
Date of Disbursement or Obligation
05 / 16 / 2019

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
Disbursement For:
General
Amount
5781.86
Transaction ID : SE.14683
Date of Disbursement or Obligation
05 / 30 / 2019

(a) SUBTOTAL of Itemized Independent Expenditures ..... 11987.14
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 29 / 2019

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
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Check if  24-hour report  48-hour report  New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item <b>INFOCISION MANAGEMENT CORP</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DR	Amount <input type="text"/>
City AKRON State OH Zip Code 44333	<b>Transaction ID : SE.14684</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS OVER SEVERAL WEEKS	Category/Type <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 95319.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure	Category/Type <input type="text"/>
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 <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<input type="text"/> 10893.21
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<input type="text"/>
<b>(c) TOTAL</b> Independent Expenditures .....	<input type="text"/> 99615.90

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.

MACKENZIE, SCOTT B, , [Electronically Filed] Date  /  /

Signature