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

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
TEA PARTY MAJORITY FUND				
	C C00566174			
Check if 24-hour report 48-hour report New report Amends report file	led on 02 / 16 / 2019			
Full Name of Payee	Date of Public Distribution/Dissemination			
INFOCISION MANAGEMENT CORP	02 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	13554.58			
AKRON OH 44333	Transaction ID : SE.4112 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	02 / 19 / 2019			
Name of Federal Candidate Support Of	fice Sought: House District:00			
TRUMP, DONALD J, , ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Diagram 13554.58	sbursement For: Primary X General 20 Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
INFOCISION MANAGEMENT CORP	02 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	6862.31			
AKRON OH 44333	Transaction ID : SE.14737 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	02 / 27 / 2019			
Name of Federal Candidate Support Of	ffice Sought: House District: 00			
TRUMP, DONALD J, , ,	▼ President Senate State:			
	sbursement For: Primary General 020 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	20416.89			
(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	10 02 2019			
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) TEA DADTY MAA (ODITY FUND)				
TEA PARTY MAJORITY FUND	C C00566174			
Check if 24-hour report	on 02 / 16 / 2019			
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination			
	02 15 2019			
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	21573.60			
AKRON OH 44333	Transaction ID : SE.14738 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	03 / 18 / 2019			
Name of Federal Candidate Support Office	Sought: House District: 00			
TRUMP DONALD I	President Senate State:			
Calcindal Ical Io Bate	rsement For: Primary X General			
Per Election for Office Sought 46740.49 2020	Other (specify) ▶			
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination			
Mailing Address				
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	14075.19			
AKRON OH 44333	Transaction ID : SE.14739 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	04 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate X Support Office	Sought: House District: 00			
TRUMP, DONALD J, , ,	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement For: Primary General			
	Other (specify) -			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10	0 02 2019			
Signature				

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

			FOR SE OF FORM 24/48		
	NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND				
11		С	C00566174		
Che	eck if 24-hour report 🗶 48-hour report New report 🗶 Amends report filed	on 02	16 / 2019		
T	Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Pub	lic Distribution/Dissemination		
INFOCISION MANAGEMENT CORP			15 2019		
	Mailing Address 325 SPRINGSIDE DR	Amount			
l	City State Zip Code		6123.43		
	AKRON OH 44333		D: SE.14740 pursement or Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	04	29 / 2019		
		Sought:	House District: 00		
	TRUMP, DONALD J, , , Oppose	President	Senate State:		
	Calendar Year-To-Date Per Election for Office Sought Disbur 2020	esement For: Other (s	Primary X General specify) ▶		
İ	Full Name of Payee		olic Distribution/Dissemination		
	INFOCISION MANAGEMENT CORP	02	/ D D / Y Y Y Y Y Y 1 Y 15 2019		
	Mailing Address 325 SPRINGSIDE DR	Amount			
-	City State Zip Code		6205.28		
			ID : SE.14741 bursement or Obligation		
	Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	05	16 2019		
ľ		Sought:	House District:00		
	TRUMP, DONALD J, , , Oppose	President	Senate State:		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rsement For: Other (s	Primary X General 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 10		2019		
	Signature				

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

PAGE 4 OF 5 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full) FEC III	DENTIFICATION NUMBER ▼				
TEA PARTY MAJORITY FUND	C00566174				
Check if 24-hour report 48-hour report New report Amends report filed on 02 16 2019					
INFOCISION MANAGEMENT CORP	ic Distribution/Dissemination				
Mailing Address 325 SPRINGSIDE DR Amount	15 2019				
	5704.00				
1 11 11 11 11 11 11 11 11 11 11 11 11 1	5781.86 ID: SE.14742 ursement or Obligation				
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 05	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate X Support Office Sought:	House District: 00				
TRUMP, DONALD J, , , Oppose President	Senate State:				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (sp	Primary ✗ General pecify) ▶				
Full Name of Payee INFOCISION MANAGEMENT CORP	ic Distribution/Dissemination				
Mailing Address 325 SPRINGSIDE DR Amount	15 2019				
City State Zip Code	10893.21				
AKRON OH 44333 Transaction II					
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 06	18 / 2019				
Name of Federal Candidate Support Office Sought:	House District:00				
TRUMP, DONALD J, , , Oppose President	Senate State:				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2020 Other (sp	Primary X General pecify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
MACKENZIE, SCOTT B, , , [Electronically Filed] Date 10 02	2019				

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

,	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
TEA PARTY MAJORITY FUND	C C00566174			
Check if 24-hour report 48-hour report New report Amends	report filed on 02 16 2019			
Full Name of Payee	Date of Public Distribution/Dissemination			
INFOCISION MANAGEMENT CORP	02 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 325 SPRINGSIDE DR	Amount			
City State Zip Code	14930.54			
AKRON OH 44333	Transaction ID : SE.14744 Date of Disbursement or Obligation			
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type	004 07 / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Suppo	ort Office Sought: House District: 00			
TRUMP, DONALD J, , ,				
Calendar Year-To-Date Per Election for Office Sought 114546.44	Disbursement For: Primary General 2020			
Tel Election of Cines cought	U Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure	Date of Disbursement or Obligation			
Category/ Type				
Name of Federal Candidate Suppo	ort Office Sought: House District:			
Орро	se President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General			
	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	14930.54			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	100000.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
MACKENZIE, SCOTT B, , , [Electronically Filed]	Date 10 02 2019			
Signature				

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