PAGE 1 / 63

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For	Other T	han An	Authorized	d Commi	ttee		Office U	se Only	
1. NAME OF COMMITTEE (in t		E OR PR	INT ▼		ample: If ty r the lines.		12FE	24M5		
, CONSERVATI\	/E MAJOR	ITY FU	JND							
ADDRESS (number and		776 S ARL	INGTON	MILL DR #806			1 1 1			
▼ Check if diffe		TTN: SCC	TT B MAC	CKENZIE						
than previous reported. (AC	ly . A	RLINGTO	N 				VA	22200	3	
2. FEC IDENTIFICA	ATION NUMB	ER ▼		CITY ▲			STATE A		ZIP CO	DE 🛦
C C00524454				3. IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
4. TYPE OF REP (Choose One)	ORT (b) Monthl Report Due O	ш	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Rep	orts:		Ц	Mar 20 (M3) Apr 20 (M4)	님	Jun 20 (M6) Jul 20 (M7)	H	Sep 20 (M9) Oct 20 (M10)	Н	Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly	Report (Q1)	(2)		Αρί 20 (Μ4)			<u> </u>		屵	
July 15 Quarterly	Report (Q2)	Р	2-Day RE -Electio		Primary (1	-	-	neral (12G)	Ш	Runoff (12R)
October Quarterly	15 Report (Q3)	Н	eport for t	he:	Convention	n (12C)	Spe	cial (12S)		
January : Year-End	31 Report (YE)		E	Election on	M = M	/ D D /	Y II Y II Y	Y	in the State o	f
Year Only	lon-election y) (MY)	Р	0-Day OST-Elect eport for t	-Election General (30G)			Rur	noff (30R)		Special (30S)
Terminati (TER)	on Report		E	Election on	M = M	/ D D /	Y II Y II Y		in the State o	f
5. Covering Period	04	01		016	through	06	/ D 30	20	16 Y	
I certify that I have ex					wledge and	d belief it is tru	ie, correc	ct and comple	te.	
Type or Print Name of		IACKENZ	IE, SCOTT	Б, , ,						
Signature of Treasurer	MACKENZ	ZIE, SCOT	ГВ,,,		[Electronica	ally Filed]	Date	M M / D 09	D /	2016
NOTE: Submission of fa	alse, erroneous,	or incom	plete infor	mation may su	ubject the p	erson signing tl	nis Repor	t to the penalti	es of 52	U.S.C. § 30109
Office Use									FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name CONSERVATIVE MAJORITY FUND 04 01 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 8816.68 January 1, 2016 (b) Cash on Hand at 14001.34 Beginning of Reporting Period..... 426769.69 517648.37 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 526465.05 440771.03 6(a) and 6(c) for Column B)..... 386467.90 472161.92 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 54303.13 54303.13 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 800.00 Schedule C and/or Schedule D) 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

CONSERVATIVE MAJORITY FUND

I. Receipts		
	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	19677.00	22252.00
(ii) Unitemized	404684.68	489657.27
(ii) Unitemized(iii) TOTAL (add	10 100 1.00	100001.2.1
Lines 11(a)(i) and (ii)	424361.68	511909.27
		4 4
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	2.22	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	424361.68	511909.27
Totals to Line 33, page 5) Transfers From Affiliated/Other	424301.00	311009.21
Party Committees	0.00	0.00
Faity Committees	0.00	4 4
All Loans Received	0.00	300.00
	4 4	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7 7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts (Dividends, Interest, etc.)	2409.04	5439.10
Transfers from Non-Federal and Levin Funds	2408.01	3-703.10
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
-	7 7 7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
	7 7	75 75 75
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	426769.69	517648.37
Total Federal Receipts (subtract Line 18(c) from Line 19)▶	426769.69	517648.37

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calonida Toda to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	102835.66	115463.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	102835.66	115463.99
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1600.00	1600.00
Independent Expenditures (use Schedule E)	282032.24	354712.93
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	300.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	85.00
(b) Delitical Darty Committees	4 4	4 4 4
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	85.00
(444 2.1100 20(4), (6), 4.114 (6),	0.00	83.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
,	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	(0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid		4 4 4
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	386467.90	472161.92
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	200407.00	
	386467.90	472161.92

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
f. Total Contributions (other than loans) (from Line 11(d), page 3)	424361.68	511909.27		
Total Contribution Refunds (from Line 28(d))	0.00	85.00		
6. Net Contributions (other than loans) (subtract Line 34 from Line 33)	424361.68	511824.27		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	102835.66	115463.99		
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
. Net Operating Expenditures (subtract Line 37 from Line 36)	102835.66	115463.99		

F	OR	LINE	NU	MBER	PAGE		6	OF		63	
(check only one)											
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	and Statements may not be sold or used by any persing the name and address of any political committee to	
NAME OF COMMITTEE (IN Full) CONSERVATIVE MAJORI	TY FUND	
Full Name of Individual (Last, First, Mid ANDERSON 916, YVONNE, , MS, Mailing Address 4310 CAHUENGA BLV		Date of Receipt
UNIT 303		06 23 2016
City	State Zip Code	Transaction ID : SA11AI.9633
TOLUCA LAKE	CA 91602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
NONE	RETIRED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Mid BASS 302, DONALD, , MR, Mailing Address 240 JACKSON ST	dle Initial) or Full Organization Name	Date of Receipt
Maining Address 240 JACKSON ST		04 28 2016
City	State Zip Code	Transaction ID : SA11AI.10193
NEWNAN	GA 30263	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) COWITA MEDICAL CENTER	Occupation (for Individual) HEALTH CARE PROVIDER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Mid		Date of Receipt
Mailing Address 724 NW FEDERAL ST SUITE 1		04 12 2016
City BEND	State Zip Code OR 97701	Transaction ID : SA11AI.10707
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) DENTIST	Memo Item
Receipt For:		
Primary General Other (specify)	250.00	
SUBTOTAL of Receipts This Page (option	nal)	950.00
TOTAL This Period (last page this line nu	ımber only)	

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	Statements may not be sold or used by any person e name and address of any political committee to							
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY F	FUND							
Full Name of Individual (Last, First, Middle In	tial) or Full Organization Name	Date of Receipt						
Mailing Address 7429 DOG TROT RD		04 11 2016						
City CINCINNATI	State Zip Code OH 45248	Transaction ID : SA11AI.11121						
	45246	Amount of Each Receipt this Period						
federal political committee.	FEC ID number of contributing federal political committee.							
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00							
Full Name of Individual (Last, First, Middle In BRENNAN 604, JAMES J, , MR, Mailing Address 7717 CENTRAL AVE	tial) or Full Organization Name	Date of Receipt						
		04 05 2016						
City BURBANK	State Zip Code IL 60459	Transaction ID : SA11AI.11133						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period						
Name of Employer (for Individual) BANKFINANCIAL CORP	Occupation (for Individual) GENERAL COUNSEL	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00							
Full Name of Individual (Last, First, Middle In		Date of Receipt						
Mailing Address 1 W 67TH ST APT 611 City	State Zip Code	06 13 2016 Transaction ID : SA11AI.11407						
NEW YORK	NY 10023	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	205.00						
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item						
Receipt For: Primary General								
Other (specify)	205.00							
SUBTOTAL of Receipts This Page (optional)		480.00						
TOTAL This Period (last page this line number	only)							

F	OR	LINE	NU	MBER	PAGE	8	OF	63	
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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	CONSERVATIVE MAJORITY FU	ND				
Α.	Full Name of Individual (Last, First, Middle Initial CAIN 218, RONNIE, , MR,) or F	ull Orga	anization Name		Date of Receipt
	Mailing Address 27239 PEMBERTON DR					06 23 2016
	City	State	е	Zip Code		Transaction ID : SA11AI.11638
	SALISBURY	MD		21801		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				250.00
	Name of Employer (for Individual) NONE		Occupa	ation (for Individua	al)	Memo Item
	Receipt For:	A				
	Primary General	Aggre	gate Ye	ar-to-Date ▼		
	Other (specify) ▼	L.	-	7	250.00	
В.	Full Name of Individual (Last, First, Middle Initial CAREY 068, WENDY G, , MS,) or F	ull Orga	anization Name		Date of Receipt
	Mailing Address 107 LONG NECK POINT RD					04 26 2016
	City	State	е	Zip Code		Transaction ID : SA11AI.11775
	DARIEN	СТ		06820		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				1000.00
	Name of Employer (for Individual) NONE		Occupa MOM	ation (for Individua	al)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggre	gate Ye	ar-to-Date ▼	1000.00	
 c	Full Name of Individual (Last, First, Middle Initial CARLTON 338, CAREY F, , MR,) or F	ull Orga	anization Name		Date of Receipt
.	Mailing Address PO BOX 1986					04 21 2016
	City	State	e	Zip Code		Transaction ID : SA11AI.11798
	SEBRING	FL		33871		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				200.00
	Name of Employer (for Individual) SELF EMPLOYED			ation (for Individua E RANCHER	al)	Memo Item
	Receipt For:	Aggre	nata Va	ar-to-Date ▼		
	Primary General Other (specify)	Aggre	gate Te	ai-to-Date v	400.00	
-	UBTOTAL of Receipts This Page (optional)					1450.00
1	OTAL This Period (last page this line number on	ıy <i>)</i>				

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(check only one)											
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	ly information copied from such Reports and State for commercial purposes, other than using the n		,	, , , ,		1 1
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	IND				
A.	Full Name of Individual (Last, First, Middle Initial CYGAN 608, EDWARD C, , MR, Mailing Address 5228 W 121ST PL City	l) or Full	ll Orga	anization Name		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ALSIP	IL	'			
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 225.00
	Name of Employer (for Individual)			ation (for Individual)		Memo Item
	NONE Receipt For: Primary General Other (specify) ▼		RETIR ate Ye	ar-to-Date ▼ 225.00		
В.	Full Name of Individual (Last, First, Middle Initial CYGAN 608, EDWARD C, , MR, Mailing Address 5228 W 121ST PL	l) or Full	ll Orga	anization Name		Date of Receipt
	City ALSIP	State		Zip Code 60803		7 Transaction ID : SA11AI.12929 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	-			200.00
	Name of Employer (for Individual) NONE		Occupa RETIR	ation (for Individual) ED		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggrega	ate Ye	ar-to-Date ▼ 425.00		
	Full Name of Individual (Last, First, Middle Initia DICKSON 809, N STUART, , MR,	l) or Full	ll Orga	anization Name		Date of Receipt
	Mailing Address 1735 OSAGE WAY					05 20 2016
	City COLORADO SPRINGS	State CO		Zip Code 80915		Transaction ID : SA11AI.13405 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				30.00
	Name of Employer (for Individual) NONE		Occupa RETIRI	ation (for Individual) ED		Memo Item
	Receipt For: Primary General Other (specify)	Aggrega	ate Ye	ar-to-Date ▼ 205.00		
s	UBTOTAL of Receipts This Page (optional)					455.00
Т	OTAL This Period (last page this line number on	ly)			-	

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name of Individual (Last, First, Middle DOSS 342, BETTY BROOK, , , Mailing Address 11 TIDY ISLAND BLVD	Initial) or Full Orga	nization Name	Date of Receipt
City	05 09 2016		
BRADENTON	State FL	Zip Code 34210	Transaction ID : SA11AI.13613 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) NONE	Occupa RETIRI	tion (for Individual) ED	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle DUNCAN 761, RUSSELL E, , MR Mailing Address 4701 CITYLAKE BLVD W F	Date of Receipt		
	06 29 2016		
City	State	Zip Code	Transaction ID : SA11Al.13750
FORT WORTH	TX	76132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) TRAINOR CONSTRUCTION	Occupa MANA	ation (for Individual) GER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle ERICKSON 327, ROBERT A, ,		nization Name	Date of Receipt
Mailing Address PO BOX 1692			05 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EUSTIS	State FL	Zip Code 32727	Transaction ID : SA11AI.14126
FEC ID number of contributing federal political committee.	С	CEIE	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) NONE	Occupa RETIRE	tion (for Individual) ED	Memo Item
Receipt For: Primary General			
Other (specify)	-	500.00	
SUBTOTAL of Receipts This Page (optional).)	1000.00
TOTAL This Period (last page this line numb	er only))	

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	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND						
Full Name of Individual (Last, First, Middle FRATES 741, CANDACE, , MS, Mailing Address 3015 E 95TH ST	Initial) or Full Organization Name State Zip Code	Date of Receipt 06 29 2016					
City	Transaction ID : SA11AI.14851						
TULSA	OK 74137	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle GILMORE 891, DOROTHY V, , N Mailing Address 2756 EVENING ROCK ST	Date of Receipt						
Maining Macross 2730 EVENING NOCK 31	05 25 2016						
City							
LAS VEGAS							
FEC ID number of contributing federal political committee.	C	500.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name of Individual (Last, First, Middle GREENE 318, NEVA W, , MS,	Initial) or Full Organization Name	Date of Receipt					
Mailing Address 2828 GA HIGHWAY 271		04					
City ELLAVILLE	State Zip Code GA 31806	Transaction ID : SA11AI.15690					
	31000	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General							
Primary General Other (specify)	400.00						
SUBTOTAL of Receipts This Page (optional)		800.00					
TOTAL This Period (last page this line numb	er only)	>					

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	d Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name of Individual (Last, First, Middle GREENE 318, NEVA W, , MS,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2828 GA HIGHWAY 271		06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.15691
ELLAVILLE	GA 31806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
NONE	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	550.00	
Other (specify) ▼	550.00	
Full Name of Individual (Last, First, Middle GREENWAY 810, DAVID, , MR,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 13 POSADA DR		06 24 2016
City	State Zip Code	Transaction ID : SA11AI.15699
PUEBLO	CO 81005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) GREENWAY & ASSOC INSURANCE	Occupation (for Individual) INSURANCE BROKER	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle C. GREGORY 115, JAMES J, , MF		Date of Receipt
Mailing Address 243 SYDNEY AVE		06 10 2016
City	State Zip Code	Transaction ID : SA11AI.15708
MALVERNE	NY 11565	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	220.00
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional).		620.00
	<u>_</u>	
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pathe name and address of any political committee				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND				
Full Name of Individual (Last, First, Middle HAY 531, DANIEL, , MR, Mailing Address 9880 S 35TH ST City FRANKLIN	Date of Receipt M M				
FEC ID number of contributing federal political committee. Name of Employer (for Individual) NONE Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) RETIRED Aggregate Year-to-Date ▼ 500.00	Memo Item			
Full Name of Individual (Last, First, Middle HENRY 208, FRANK, , MR, Mailing Address 9805 BRIXTON LN City BETHESDA FEC ID number of contributing federal political committee. Name of Employer (for Individual) NONE Receipt For: Primary General Other (specify) Other (specify)	Date of Receipt M M / 19 2016 Transaction ID: SA11Al.16529 Amount of Each Receipt this Period 200.00 Memo Item				
Full Name of Individual (Last, First, Middle HOOKER 764, ALICE J, , MS, Mailing Address PO BOX 2049 City ALBANY FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF EMPLOYED Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 76430 C Occupation (for Individual) FARMER/RANCHER Aggregate Year-to-Date ▼	Date of Receipt M 06			
SUBTOTAL of Receipts This Page (optional).		900.00			
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:					PAGE	_ ′	14	OF		63	
(0	(check only one)										
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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to				
NAME OF COMMITTEE (In Full)	IND				
CONSERVATIVE MAJORITY F					
Full Name of Individual (Last, First, Middle Initi A. HUNT 029, CAROL M, , MS,	al) or Full Organization Name	Date of Receipt			
Mailing Address 72 MANNING ST		M = M / D = D / Y = Y = Y			
APT 4	State Zip Code	05 27 2016			
City PROVIDENCE	State Zip Code RI 02906	Transaction ID : SA11AI.17137			
	02000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	150.00			
Name of Employer (for Individual)	Memo Item				
MEEHAN FUND INC	PRESIDENT				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	300.00				
Other (specify) ▼	300.00				
Full Name of Individual (Last, First, Middle Initial) JORDAN 483, KENNETH, , MR,	al) or Full Organization Name	Date of Receipt			
Mailing Address 2145 KEYSTONE DR		05 17 2016			
City	State Zip Code	7 2016 Transaction ID : SA11Al.17760			
STERLING HTS					
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	100.00			
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name of Individual (Last, First, Middle Initi	al) or Full Organization Name	Date of Receipt			
Mailing Address 1629 THROCKMORTON ST		05 23 2016			
City	State Zip Code	Transaction ID : SA11AI.18297			
HARLINGEN	TX 78550	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify)	300.00				
SUBTOTAL of Receipts This Page (optional)		550.00			
TOTAL This Period (last page this line number of	only)				

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

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F	OR	LINE	PAGE	•	15	OF		63			
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	′ FUND						
Full Name of Individual (Last, First, Middle KOCH 452, GILBERT, , MR, Mailing Address 1731 CLAYBURN CIR	Initial) or Full Organization Name	Date of Receipt					
	04 21 2016						
City	State Zip Code	Transaction ID : SA11AI.18319					
CINCINNATI	OH 45240	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	30.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00]					
Full Name of Individual (Last, First, Middle KOCH 452, GILBERT, , MR, Mailing Address 1731 CLAYBURN CIR							
Mailing Address 1/31 CLAYBURN CIR	05 20 2016						
City	State Zip Code	Transaction ID : SA11AI.18320					
CINCINNATI	OH 45240	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	1					
Full Name of Individual (Last, First, Middle		-					
C. KOENIG 198, STEPHANIE, , M	•	Date of Receipt					
Mailing Address 3413 PEBBLE BEACH DR	State Zip Code	06 23 2016 Transaction ID : SA11AI.18346					
WILMINGTON	DE 19808	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) NONE	Occupation (for Individual) HOMEMAKER	Memo Item					
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify)	300.00]					
SUBTOTAL of Receipts This Page (optional)		180.00					
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER:						PAGE	_ ′	16	OF	63
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Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name of Individual (Last, First, Middle I KYEES 430, JOHN, , MR, Mailing Address 7300 LEE RD	nitial) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.18537
WESTERVILLE	ОН	43081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	100.00		
Name of Employer (for Individual) NONE	Occupa RETIR	ation (for Individual) ED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I LAMBERT 570, CHARLOTTE M, ,		anization Name	Date of Receipt
Mailing Address 120 SYCAMORE AVE APT 24 City	State	Zip Code	06 13 2016
VERMILLION	SD	57069	Transaction ID : SA11AI.18600 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) NONE	Occupa RETIR	ation (for Individual) ED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I LAMPSON 981, MARY, , MS,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2030 WESTERN AVE APT 711		1	06 28 2016
City SEATTLE	State WA	Zip Code 98121	Transaction ID : SA11AI.18612 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual)	Occupa RETIRE	ation (for Individual) ED	Memo Item
Receipt For: Primary General			
Other (specify)	7	250.00	
SUBTOTAL of Receipts This Page (optional))	550.00
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

63

for each category of the Detailed Summary Page 13 14 15 16 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) CONSERVATIVE MAJORITY FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LEIB 117, ISABEL B, , MRS, Date of Receipt Mailing Address 1281 WOLVER HOLLOW RD 13 2016 City Zip Code State Transaction ID: SA11AI.18894 NY OYSTER BAY 11771 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LESTER 300, ONA, , MS, Date of Receipt Mailing Address 1101 HUMPHRIES RD NW 13 2016 City State Zip Code Transaction ID: SA11AI.18971 **CONYERS** GA 30012 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LESTER 950, LINDA L, , MS, Date of Receipt Mailing Address 2425 RIC DR 18 2016 City Zip Code State Transaction ID: SA11AI.18972 CA **GILROY** 95020 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r ne name and addr	not be sold or used by any peress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND				
Full Name of Individual (Last, First, Middle In LOVETT 181, JOHN, , MR,	nitial) or Full Orga	nization Name	Date of Receipt		
Mailing Address 2830 W LIBERTY ST			06 07 Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID : SA11AI.19253		
ALLENTOWN	PA	18104	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	500.00				
Name of Employer (for Individual) NONE	Occupa RETIRI	tion (for Individual) ED	Memo Item		
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle In MALONEY 015, RON, , MRS, Mailing Address 185 N QUINSIGAMOND AVI	Date of Receipt				
			06 29 2016		
City	State	Zip Code	Transaction ID : SA11AI.19480		
SHREWSBURY	MA	01545	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		500.00		
Name of Employer (for Individual) NONE	Occupa RETIR	ition (for Individual) ED	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500,00			
Full Name of Individual (Last, First, Middle In MARSHALL 813, KENNETH L, ,		nization Name	Date of Receipt		
Mailing Address 480 OAKCREST DR			06 29 2016		
City DURANGO	State CO	Zip Code	Transaction ID : SA11AI.19638		
		81301	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer (for Individual) NONE	Memo Item				
Receipt For:					
Primary General Other (specify)		500.00			
SUBTOTAL of Receipts This Page (optional)			1500.00		
TOTAL This Period (last page this line number	r only)				

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

63

Detailed Summary Page 13 14 15 16 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) CONSERVATIVE MAJORITY FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MATTINGLY 720, FRANKYE N, , , Date of Receipt Mailing Address 41 BERRY PATCH DR 14 2016 City Zip Code State Transaction ID: SA11AI.19772 AR CABOT 72023 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MONNIER 454, MARCIA W, , MRS, Date of Receipt Mailing Address 6985 WEMBLEY CIR 05 2016 City State Zip Code Transaction ID: SA11AI.20587 **DAYTON** OH 45459 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MORGAN 760, JANE, , MS, Date of Receipt Mailing Address PO BOX 210 23 2016 City Zip Code State Transaction ID: SA11AI.20705 TX **WEATHERFORD** 76086 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER:					PAGE	2	20	OF		63	
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	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not the name and address	be sold or used by any pe of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	′ FUND		
Full Name of Individual (Last, First, Middle MUNDELL 196, RONALD P, , MR, Mailing Address 149 JOHNSON LN	Initial) or Full Organiza	ation Name	Date of Receipt
Mailing Address 149 JOHNSON EN			06 10 2016
City		p Code	Transaction ID : SA11AI.20866
READING	PA	19605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	350.00		
Name of Employer (for Individual) NONE	Occupation RETIRED	(for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle NASIR 913, MUHAMMAD, , DR, Mailing Address 11987 SHOSHONE AVE	Initial) or Full Organiza	ation Name	Date of Receipt
Mailing Addiess 11987 SHOSHONE AVE			05 16 2016
City		p Code	Transaction ID : SA11Al.21016
GRANADA HILLS	CA S	91344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) ARFLAKE REHAB MEDICAL CENTER	Occupation DOCTOR	n (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle		ation Name	Date of Receipt
Mailing Address 7180 CARDINAL LN			05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHAGRIN FALLS		p Code 14022	Transaction ID : SA11AI.21061
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) GLENMEAD TRUST CO	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate Year-to	250.00	
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line numb	per only)		

FOR LINE NUMBER:					PAGE	2	21	OF	63	
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Any information copied from such Reports and or for commercial purposes, other than using t					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND				
Full Name of Individual (Last, First, Middle ORME 201, NANCY L, , MRS, Mailing Address 41284 HOGELAND MILL R		ation Name	Date of Receipt		
			05 10 2016		
City LEESBURG	State Z	Transaction ID : SA11AI.21469			
	VA	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	300.00				
Name of Employer (for Individual) Retired	Occupation Nurse	n (for Individual)	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 600.00			
Full Name of Individual (Last, First, Middle B. PATCH 662, DAN D, , MR,	Initial) or Full Organiza	ation Name	Date of Receipt		
Mailing Address 11935 W 72ND TER	05 10 2016				
SHAWNEE	City State Zip Code SHAWNEE KS 66216				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 250.00		
Name of Employer (for Individual) CAR SALE MAN	Occupation SALES MA	n (for Individual) ANAGER	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00			
Full Name of Individual (Last, First, Middle PAWLICKI 612, EDWIN, , MR,	Initial) or Full Organization	ation Name	Date of Receipt		
Mailing Address 504 JENKRAN WAY UNIT 2			05 17 2016		
City MORRISON		ip Code 61270	Transaction ID : SA11AI.21770		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer (for Individual) NONE	Memo Item				
Receipt For: Primary General	Aggregate Year-to	o-Date ▼			
Other (specify)	7	1000.00			
SUBTOTAL of Receipts This Page (optional).		•	1550.00		
TOTAL This Period (last page this line number	er only)				

FOR LINE NUMBER:					PAGE	2	22 OF	=	63	
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	d Statements may not be sold or used by any pe the name and address of any political committee					
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND					
Full Name of Individual (Last, First, Middle PENIX 450, BONNIE C, , MS, Mailing Address 6294 COACH LIGHT CIR	Initial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.21858				
LIBERTY TWP	OH 45011	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů					
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle REYNOLDS 276, WILLIAM T, , M Mailing Address 2905 MARS ST		Date of Receipt				
Mailing 7 (401000 2900 MARS 31		04 07 2016				
City	State Zip Code	Transaction ID : SA11AI.22752				
RALEIGH	RALEIGH NC 27604					
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle RINCK 638, JACKIE, , MS,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 908 W BAIN ST		05				
City DEXTER	State Zip Code MO 63841	Transaction ID : SA11AI.22901				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 222.00				
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item				
Receipt For:						
Primary General Other (specify)	222.00					
SUBTOTAL of Receipts This Page (optional).	•	622.00				
TOTAL This Period (last page this line numb	er only)					

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

63

for each category of the 12 Detailed Summary Page 13 14 15 16 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) CONSERVATIVE MAJORITY FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name RITCHEY 762, CHARLENE S, , MS, Date of Receipt Mailing Address 1200 ANTHONY ST 16 2016 City Zip Code State Transaction ID: SA11AI.22918 TX **GAINESVILLE** 76240 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. RITTER 735, PAT, , MS, Date of Receipt Mailing Address 1601 NW ARLINGTON AVE 2016 City State Zip Code Transaction ID: SA11AI.22928 **LAWTON** OK 73507 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) IMC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ROBERT 432, ROBERT J., MR. Date of Receipt Mailing Address 1674 ROXBURY RD 28 2016 City Zip Code State Transaction ID: SA11AI.22959 OH **COLUMBUS** 43212 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF EMPLOYED **CUSTOMER SERVICE REPRESEN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	IND							
Α.	Full Name of Individual (Last, First, Middle Initial RYAN 334, ANNE M, , MR,	l) or Full Org	anization Name	Date of Receipt					
	Mailing Address 5402 PENNOCK POINT RD			04 18 2016					
	City	State	Zip Code	Transaction ID : SA11AI.23372					
	JUPITER	FL	33458	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		25.00						
	Name of Employer (for Individual) SELF EMPLOYED	ation (for Individual) CIAN	Memo Item						
	Receipt For: Primary General Other (specify) ▼								
В.	Full Name of Individual (Last, First, Middle Initial SCHIERMAN 988, FRANKIE, , MR,	l) or Full Org	anization Name	Date of Receipt					
	Mailing Address 5303 PAINTED HILLS RD	To: .		04 12 2016					
	City EPHRATA	State WA	Zip Code 98823	Transaction ID : SA11AI.23613 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) NONE	Occup RETIF	ation (for Individual) RED	Memo Item					
		Aggregate Ye	ear-to-Date ▼						
	Primary General Other (specify) ▼	4	250.00						
 C:	Full Name of Individual (Last, First, Middle Initial SCHLOEMAN 631, JAMES M, , MR		anization Name	Date of Receipt					
•	Mailing Address 544 CONWAY VILLAGE DR	-,		05 20 2016					
	City	State	Zip Code	Transaction ID : SA11AI.23641					
	CREVE COEUR	МО	63141	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		500.00					
	Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED			Memo Item					
	Receipt For:								
	Other (specify) General		500.00						
S	SUBTOTAL of Receipts This Page (optional)			650.00					
Т	OTAL This Period (last page this line number on	ly)							

FOR LINE NUMBER:				PAGE	2	25	OF	63		
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	×	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any perhaps the name and address of any political committees	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name of Individual (Last, First, Middle I SCHLOTMAN 452, CARL, , MR, Mailing Address 8551 NEW ENGLAND CT	Initial) or Full Organization Name	Date of Receipt 06 22 2016
City	State Zip Code	Transaction ID : SA11Al.23644
CINCINNATI	OH 45236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) CAI INSURANCE AGENCY	Occupation (for Individual) INSURANCE BROKER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle I SMITH 784, SHIRLEY S, , MS, Mailing Address 3609 DENVER AVE	Initial) or Full Organization Name	Date of Receipt
Mailing Address 3609 DENVER AVE		05 17 2016
City	State Zip Code	Transaction ID : SA11AI.24471
CORP CHRISTI	TX 78411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I S. SUPPLE 922, ROZENE R, , MR		Date of Receipt
Mailing Address 1850 SMOKE TREE LN		06 23 2016
City PALM SPRINGS	State Zip Code CA 92264	Transaction ID : SA11AI.25103
FEC ID number of contributing	C	Amount of Each Receipt this Period 500.00
federal political committee.		
Name of Employer (for Individual) R & R BROADCASTING	Occupation (for Individual) MEDIA EMPLOYEE	Memo Item
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:			PAGE	: 2	26 OI	-	63		
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND	
Full Name of Individual (Last, First, Middle I SWOFFORD 857, DOROTHY W, , MS Mailing Address 7500 N CALLE SIN ENVIDI.	5,	Date of Receipt
APT 1103		05 18 2016
City	State Zip Code	Transaction ID : SA11AI.25188
TUCSON	AZ 85718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
NONE	RETIRED	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle I TERPSTRA 770, PETER, , MR,		Date of Receipt
Mailing Address 14343 TORREY CHASE BL	VD	05 13 2016
STE B City	State Zip Code	
HOUSTON	TX 77014	Transaction ID : SA11AI.25338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) PETER TERPSTRA LLC	Occupation (for Individual) PRESIDENT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I THOMPSON 168, LEONARD, ,		Date of Receipt
Mailing Address 5035 PHILIPSBURG BIGLE	R HWY	06 29 2016
City WEST DECATUR	State Zip Code PA 16878	Transaction ID : SA11AI.25473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) MINERALS INC	Occupation (for Individual) PRESIDENT	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)	>	550.00
TOTAL This Period (last page this line number	er only)	

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF (check only one) **X** 11a 11b 12 11c

63 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 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) CONSERVATIVE MAJORITY FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name TIMMER 786, NANCY P, , MS, Date of Receipt Mailing Address 249 SUNDAY CIR 2016 City Zip Code State Transaction ID: SA11AI.25583 TX **FREDERICKSBRG** 78624 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** NONE Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TRIBBLE 720, BOBBY J, , MR, Date of Receipt Mailing Address 1410 N LONE PINE RD 2016 City State Zip Code Transaction ID: SA11AI.25753 **HIGDEN** AR 72067 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. VANDENBERG 977, JAN B, , MRS. Date of Receipt Mailing Address 61951 KILDONAN CT 26 2016 City Zip Code State Transaction ID: SA11AI.25970 OR **BEND** 97702 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NONE **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 420.00 SUBTOTAL of Receipts This Page (optional).....

F				PAGE	2	28	OF	(63		
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any per lress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name of Individual (Last, First, Middle I WALKER 370, ROBERT H, , MR,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 411 FOREST ST			04 19 2016
City	State	Zip Code	Transaction ID : SA11AI.26265
LEWISBURG	TN	37091	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer (for Individual) NONE	Occupa RETIR	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I WASIAK 119, JOHN, , MR, Mailing Address 18 WILLOWOOD CT	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 18 WILLOWOOD C1			05 26 2016
City	State	Zip Code	Transaction ID : SA11AI.26391
WESTHAMPTON	NY	11977	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer (for Individual) NONE	Occupa RETIR	ation (for Individual) RED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Namo	
WETZEL 801, BARBARA A, , ,	riitiai) or ruii Orga	anization Name	Date of Receipt
Mailing Address 8181 S PENINSULA DR		I are a constant of the consta	05 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LITTLETON	State	Zip Code 80120	Transaction ID : SA11AI.26648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) NONE	Occupa	ation (for Individual)	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify)	7	250.00	
SUBTOTAL of Receipts This Page (optional)		>	750.00
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:			PAGE	2	29 O	F	63			
(c	(check only one)									
[×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may r he name and addr	not be sold or used by any peress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY	FUND		
Full Name of Individual (Last, First, Middle WETZEL 801, BARBARA A, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 8181 S PENINSULA DR			06 27 2016
City	State	Zip Code	Transaction ID : SA11AI.26649
LITTLETON	СО	80120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) NONE	Occupa RETIRI	tion (for Individual) ED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 750.00	
Full Name of Individual (Last, First, Middle WILSON 410, CARRIE E, , MS,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address PO BOX 76280			04 05 2016
City	State	Zip Code	Transaction ID : SA11AI.26971
HIGHLAND HEIGHTS	KY	41076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) NONE	Occupa RETIR	ation (for Individual) ED	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 450.00	
Full Name of Individual (Last, First, Middle WILSON 410, CARRIE E, , MS,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address PO BOX 76280		I.e.	06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HIGHLAND HEIGHTS	State KY	Zip Code 41076	Transaction ID : SA11AI.26972 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) NONE	Occupa RETIRE	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional).		>	800.00
TOTAL This Period (last page this line number	er only)		19677.00

	nge# 201610099032217866	_					
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 63 (check only one) 11a			
	y information copied from such Reports and Statofor commercial purposes, other than using the n						
\rangle	NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	IND					
Α.	Full Name of Individual (Last, First, Middle Initia INFOCISION MANAGEMENT CORP	l) or Full Or	rganization Name	Date of Receipt			
	Mailing Address 325 SPRINSIDE DRIVE			05 11 2016			
	City AKRON	State	Zip Code 44333	Transaction ID : SA17.27543			
		511	44333	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		1203.77			
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
				LIST RENTAL INCOME			

Mailing Address 325 SPRINSIDE DRIVE			05 11 2016
City	State	Zip Code	Transaction ID : SA17.27543
AKRON	OH	44333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1203.77
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item LIST RENTAL INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 4234.86	
Full Name of Individual (Last, First, Middle INFOCISION MANAGEMENT CO		nization Name	Date of Receipt
Mailing Address 325 SPRINSIDE DRIVE			06 14 2016
City AKRON	State OH	Zip Code 44333	Transaction ID : SA17.27544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1204.24
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item LIST RENTAL INCOME
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 5439.10	
Full Name of Individual (Last, First, Middle	Initial) or Full Organ	nization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))		2408.01
TOTAL This Period (last page this line numb	per only)		2408.01

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SCHEDULE B (FEC Form 3X)			FOR LINE	INE NUMBER: PAGE 31 OF 6			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check onl	y one)			
		Summary Page	X 21b	22 23 26 27			
Any information posited from a L.D			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full)							
CONSERVATIVE MAJORITY FL	JND						
<u> </u>							
Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address 295 FIRSTMERIT CIRCLE				04 29 2016			
City	Ctots	Zin Code					
City AKRON	State OH	Zip Code 44307		FEC Identification Number			
Purpose of Disbursement				C			
BANK CHARGES				Transaction ID : SB21B.27517			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbut	sement For:		Type	1609.27			
Senate	Primary	General		<u> </u>			
President	Other (spe	cify) ▼		Memo Item			
State: District:				-			
Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK				Date of Disbursement			
- I INSTRICTIONN				M M / D D / Y Y Y Y			
Mailing Address 295 FIRSTMERIT CIRCLE				05 31 2016			
	0	7: 0 '					
City AKRON	State OH	Zip Code 44307		FEC Identification Number			
Purpose of Disbursement	1			C			
BANK CHARGES				Transaction ID : SB21B.27518			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbut	sement For:		Type	2560.94			
Senate	Primary	General		4 4			
President	Other (spe	cify)		Memo Item			
State: District:				L			
Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK				Date of Disbursement			
- FIKOTIVIEKTI BANK				M M / D D / Y Y Y Y			
Mailing Address 295 FIRSTMERIT CIRCLE				06 30 2016			
City	Ctoto	Zin Code					
City AKRON	State OH	Zip Code 44307		FEC Identification Number			
Purpose of Disbursement				C			
BANK CHARGES				Transaction ID : SB21B.27519			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbut	sement For:		Type	5075.33			
Senate	Primary	General		7 7			
President	Other (spe	cify) ▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional	I)			9245.54			
CONTROL OF DISDUISORIONS THIS I age (options	.,		·····	7 7 7			
TOTAL This Period (last page this line number o	nly)						

SCHEDULE B (FEC Form 3X)	Llas concreto cabadula(a)	FOR LINE NUMBER: PAGE 32 OF 6					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 26 27				
	Detailed Summary Page	28a	28b 28c 29 30b				
Any information copied from such Reports and Statem				3			
or for commercial purposes, other than using the name	e and address of any politi	cal committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUN	D						
Full Name (Last, First, Middle Initial)			Data of Dishamanant				
A. INFOCISION MANAGEMENT COF	RP		Date of Disbursement				
Mailing Address 325 SPRINSIDE DRIVE			04 13 2016				
,	State Zip Code OH 44333		FEC Identification Number				
Purpose of Disbursement PAC DIRECT RESPONSE SOLICITATIONS	'	003	C C00524454				
Candidate Name		Ootogen/	Transaction ID : SB21B.27534 Amount of Each Disbursement this Period	od			
CONSERVATIVE MAJORITY FUN	D	Category/ Type		Ju			
Office Sought: House Disbursem			37540.06				
	Primary General Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)			_				
B. INFOCISION MANAGEMENT COF	RP		Date of Disbursement O4 25 2016				
Mailing Address 325 SPRINSIDE DRIVE							
,	State Zip Code OH 44333		FEC Identification Number				
Purpose of Disbursement	44333		C C00524454				
PAC DIRECT RESPONSE SOLICITATIONS		003	Transaction ID : SB21B.27535				
Candidate Name CONSERVATIVE MAJORITY FUN	ח	Category/ Type	Amount of Each Disbursement this Period	bc			
Office Sought: House Disbursem		Турс	24148.79	7			
	Primary General						
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)	_		Data of Dishamanant				
C. INFOCISION MANAGEMENT COF	RP		Date of Disbursement				
Mailing Address 325 SPRINSIDE DRIVE			05 09 2016				
,	State Zip Code		FEC Identification Number				
AKRON Purpose of Disbursement	OH 44333		C C00524454				
PAC DIRECT RESPONSE SOLICITATIONS		003	Transaction ID : SB21B.27536				
Candidate Name CONSERVATIVE MAJORITY FUN	Category/	Amount of Each Disbursement this Period	bc				
Office Sought: House Disbursem	Туре	30564.58	П.				
	Primary General						
State: District:	Other (specify) ▼		Memo Item				
2.00.00				_			
SUBTOTAL of Disbursements This Page (optional)		·····	92253.43				
TOTAL This Period (last page this line number only).							

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SCHEDULE B (FEC Form 3X)			FOR LINE I			NUMBER: PAGE 33 OF 63					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —	ck only			26				
		for each category of the Detailed Summary Page			1b 22 23			27			
	<u> </u>			28a	28b	28c	29	30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
CONSERVATIVE MAJORITY FUN	D										
Full Name (Last, First, Middle Initial)											
A. SHULLMAN ROGERS GANDAL P	SHULLMAN ROGERS GANDAL PA						Date of Disbursement				
Mailing Address 12505 PARK POTOMAC AVE 6TH FLOOR					04 29 2016						
*	,				FEC Identification Number						
POTOMAC Purpose of Disbursement	MD 20854					000504					
LEGAL SERVICES	AL SERVICES 001			П	C C00524454 Transaction ID : SB21B.27523 Amount of Each Disburgement this Period						
Candidate Name				\r\/							
CONSERVATIVE MAJORITY FUN	SERVATIVE MAJORITY FUND Category/ Type				Amount of Each Disbursement this Period						
Office Sought: House Disbursen	ffice Sought: House Disbursement For: Senate Primary General President Other (specify) ▼				1250.00						
State: President State:					Memo Item						
Full Name (Last, First, Middle Initial)											
B.					Date of	Disburs	ement				
							M M / D D / Y Y Y Y				
Mailing Address											
City	State	Zip Code			FFC Id	entificatio	n Number				
Down of Dishard											
Purpose of Disbursement Candidate Name Category/					C						
Office Sought: House Disbursement For:					T						
					4 4						
	President Other (specify)					Memo Item					
State: District:											
C.	Full Name (Last, First, Middle Initial)							Date of Disbursement			
					M M	/ D	D / Y	YYY	1		
Mailing Address		l L									
City	State	Zip Code			FEC Id	entificatio	n Number				
Purpose of Disbursement					С						
•					C						
Candidate Name	Category/			Amount of Each Disbursement this Period							
Office Sought: House Disbursement For:											
	Senate Disbursement For: Primary General				4 4						
	Other (spec				Пи						
State: District:	` .				IME	mo Item					
OUDTOTAL ACTION								1250.00	$\overline{\neg}$		
SUBTOTAL of Disbursements This Page (optional)				▶				1200.00	_		
TOTAL This Period (last page this line number only)								102748.97			

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SC	CHEDULE B (FEC Form 3X)	FO			FOR LINE NUMBER: PAGE 34 OF 63					
ITI	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check	only one)					
					21b 22 X 23 26 27 28a 28b 28c 29 30b					
_		<u> </u>								
	y information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)									
$ \rangle$	CONSERVATIVE MAJORITY FUN	ID								
	Full Name (Last, First, Middle Initial)									
Α.	WARRIORS FOR LIBERTY		Date of Disbursement							
	Mailing Address 105 STONY BROOK RD				06 16 2016					
	City 5	State Zip Code NY 12524			FEC Identification Number					
	Purpose of Disbursement IN-KIND CONTRIBUTION - PAYMENT ON MUR-69	964		011	C C00459412 Transaction ID : SB23,27530					
	Candidate Name AFGHANISTAN & IRAQ VETERANS FOR (CONGRESS PAC Category/								
	Office Sought: House Disbursement For: Senate Primary General				1600.00					
	President State: District:	Other (spec			Memo Item					
_	Full Name (Last, First, Middle Initial)									
В.	, , ,				Date of Disbursement					
					M = M / D = D / Y = Y = Y					
	Mailing Address									
	City	State Zip Code			FEC Identification Number					
	Purpose of Disbursement				C					
	Candidate Name				Amount of Each Disbursement this Period					
	Office Sought: House Disbursen									
	Senate Primary General									
	State: President State:	Other (spec	ify)		Memo Item					
<u> </u>	Full Name (Last, First, Middle Initial)	Date of Disbursement								
٥.		M M / D D / Y Y Y Y								
	Mailing Address									
	City	State	Zip Code		FEC Identification Number					
	Purpose of Disbursement	· · ·	C							
	Candidate Name	Category/ Type			Amount of Each Disbursement this Period					
	Office Sought: House Disburser	ment For:		.,,,,						
	Senate Primary General									
	State: District:	Other (spec	eify) ▼		Memo Item					
	Oldio. District.									
s	UBTOTAL of Disbursements This Page (optional)				1600.00					
Т	OTAL This Period (last page this line number only)				1600.00					

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 35 OF 63

FOR LINE 13 OF FORM 3X

			Potation Summary 1 age 1 Off Elive 13 Of 1 Offivi 3X
AME OF COMMITTEE (In Full CONSERVATIVE MAJ		ND	Transaction ID: SC/10.7128
LOAN SOURCE Full Name MACKENZIE, SCOTT B, , ,	e (Last, First, M	iddle Initial)	N ☐ Memo Item
Mailing Address 2776 S ARL	INGTON MILL D	R	General Other (specify) ▼
City		State	ZIP Code
ARLINGTON		VA	22206
Original Amount of Loan		Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	800.00		0.00
TERMS Date Incurred	I	С	Date Due Interest Rate Secured:
MO3 / DO9 / Y	2015	M = M / D = D	UPON 0.00 % (apr) Yes ✗ No
List All Endorsers or Guara		to Loan Source	
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mi	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This	Page (optional)		800.00
OTALS This Period (last page	e in this line on	ly)	
Carry outstanding balance only	v to LINE 3 Sc	hedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 63 FOR LINE 24 OF FORM 3X				
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼				
CONSERVATIVE MAJORITY FUND								
				C C00524454				
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination				
INFOCISION MANAGEMENT CORP	[05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 325 SPRINSIDE DRIVE	Amo	Amount						
City	State	Zip Code	$ \Gamma$	4639.78				
AKRON	ОН	44333		Transaction ID : SE.9215 Date of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT CALLS				05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00				
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State: AK				
Calendar Year-To-Date Per Election for Office Sought	70.04							
Full Name of Payee	Item Date	Date of Public Distribution/Dissemination						
INFOCISION MANAGEMENT CORP			r	M M / D D / Y Y Y Y				
Mailing Address		05 23 2016						
325 SPRINSIDE DRIVE			Amo	unt				
City	State	Zip Code		674.43				
AKRON	ОН	44333	l l	nsaction ID : SE.9217 of Disbursement or Obligation				
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / Y 2016				
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00				
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State: AK				
Calendar Year-To-Date Per Election for Office Sought		76.24	Disburseme 2016					
,				Other (specify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures								
(a) SUBTOTAL of Unitemized Independent Expenditures								
(a) 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 Fil	ed] Date	M = M /	09 2016				
Signature		_ Date	لتنا					

PAGE 37 OF 63 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item INFOCISION MANAGEMENT CORP 05 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code 6131.58 City ОН 44333 Transaction ID: SE.9218 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ VÖTER CONTACT CALLS 004 05 23 2016 Type Name of Federal Candidate: 00 Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , ΑZ Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 693.12 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item INFOCISION MANAGEMENT CORP 2016 23 05 Mailing Address 325 SPRINSIDE DRIVE Amount 2811.82 City State Zip Code **AKRON** Transaction ID: SE.9219 ОН 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 23 2016 05 Type Name of Federal Candidate: 00 Support Office Sought: District: House CLINTON, HILLARY RODHAM, , , AR X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 317.85 2016 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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] 10 09 2016 Date Signature

PAGE 38 OF 63 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code 35875.17 City ОН 44333 Transaction ID: SE.9220 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ VÖTER CONTACT CALLS 004 05 23 2016 Type Name of Federal Candidate: 00 Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , CA Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 4055.33 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item INFOCISION MANAGEMENT CORP 2016 23 05 Mailing Address 325 SPRINSIDE DRIVE Amount 4906.27 City State Zip Code Transaction ID: SE.9221 **AKRON** ОН 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 23 2016 05 Type Name of Federal Candidate: 00 Support Office Sought: District: House CLINTON, HILLARY RODHAM, , , CO X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 554.61 2016 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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] 10 09 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	3505.96
AKRON	ОН	44333		saction ID : SE.9222 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	CT
Calendar Year-To-Date Per Election for Office Sought	7 7	396.32	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo		of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code		886.74
AKRON	ОН	44333	I	nsaction ID : SE.9223 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	_	M 05 / 23 / Y Y Y Y Y 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		100.24	Disburseme	
To a substant and sought	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M M /	09 2016
Signature			·	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— r	19014.47
AKRON	ОН	44333		saction ID : SE.9224 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	lent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	2149.41	Disbursement 2016	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			Г	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	—Г	9246.94
AKRON	ОН	44333		saction ID : SE.9225 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / D23 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presion	lent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		1045.28	Disburseme	
Tot Election to Chief Coagni	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y T Y T Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	1350.94
AKRON	ОН	44333		saction ID : SE.9226 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	✗ Presid	dent Senate State: HI
Calendar Year-To-Date Per Election for Office Sought	7 7	152.71	Disburseme	nt For:
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			l r	M M / D D / Y Y Y Y
Mailing Address			L	05 23 2016
325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	1460.34
AKRON	ОН	44333	l l	nsaction ID : SE.9227 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / D 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	dent Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		165.08	Disburseme 2016	_ , _
	7 - 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature			لتنا	لىتتىا لىنا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	12334.30
AKRON	ОН	44333		saction ID : SE.9228 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1394.28	Disburseme	ent For: Primary General Other (specify)
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
323 SFRINGIDE DRIVE			Amo	unt
City	State	Zip Code		6209.75
AKRON	ОН	44333		nsaction ID : SE.9229 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M 7 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		701.95	Disburseme	
	7 7 -			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M M /	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 43 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND)			
				C C00524454
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Da	te of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Am	ount
City	State	Zip Code	— Г	2951.23
AKRON	OH	44333	Tra	ansaction ID : SE.9230
Purpose of Expenditure				te of Disbursement or Obligation
VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / 2016
Name of Federal Candidate:		Support	Office So	ught: House District:00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Pre	sident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		333.61	Disbursen 2016	nent For: Primary
Full Name of Payee		X Memo	Item Da	te of Public Distribution/Dissemination
INFOCISION MANAGEMENT COR	^k P			M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Am	ount
City	State	Zip Code	— г	2710.60
AKRON	ОН	44333		ansaction ID : SE.9231 te of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
VOTER CONTACT CALLS		Type 004		05 23 2016
Name of Federal Candidate:		Support	Office So	ught: House District: 00
CLINTON, HILLARY RODHAM, , ,		Oppose	X Pre	sident Senate State: KS
Calendar Year-To-Date		306.41	Disbursen	nent For: Primary 🗶 General
Per Election for Office Sought	7 7	000.11	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		. •	0.00
			_ =	
(a) SUBTOTAL of Unitemized Independent Expendi	tures		· • _	
()				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
MACKENZIE, SCOTT B, , ,	[Electronically Fi	led1 _	M = M	/ DID / YIYIYIY
Signature		Date	10	09 2016

PAGE 44 OF 63 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item INFOCISION MANAGEMENT CORP 05 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code 4226.75 City ОН 44333 Transaction ID: SE.9232 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ VÖTER CONTACT CALLS 004 05 23 2016 Type Name of Federal Candidate: 00 Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , KY Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 477.79 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item INFOCISION MANAGEMENT CORP 2016 23 05 Mailing Address 325 SPRINSIDE DRIVE Amount 4363.39 City State Zip Code Transaction ID: SE.9233 **AKRON** ОН 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 23 2016 05 Type Name of Federal Candidate: 00 Support Office Sought: District: House CLINTON, HILLARY RODHAM, , , LA X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 493.24 2016 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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] 10 09 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	— r	1336.76
AKRON	ОН	44333		saction ID : SE.9234
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		of Disbursement or Obligation M M M 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Туро		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		Support	Office Soug	ME
CLINTON, HILLART RODHAW, , ,		✗ Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought		151.11	Disburseme	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			r	M M / D D / Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
323 SFRINGIDE DRIVE			Amo	unt
City	State	Zip Code		5657.28
AKRON	ОН	44333		nsaction ID : SE.9235 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:00
CLINTON, HILLARY RODHAM, , ,		Oppose	✗ Presid	MD
Calendar Year-To-Date		639.50	Disburseme	nt For: Primary X General
Per Election for Office Sought	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09 2016
Signature		Batto		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D "D / Y "Y "Y "Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	int
City	State	Zip Code	— F	6542.00
AKRON	ОН	44333		saction ID : SE.9236 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	✗ Presid	ent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	739.51	Disbursemer 2016	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			П	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	ΗГ.	9568.86
AKRON	ОН	44333	l l	saction ID : SE.9237 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		1081.67	Disbursemer 2016	_ , _
	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	.,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature				

PAGE 47 OF 63 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item INFOCISION MANAGEMENT CORP 05 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code 5134.28 City ОН 44333 Transaction ID: SE.9238 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ VÖTER CONTACT CALLS 004 05 23 2016 Type Name of Federal Candidate: 00 Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose MN **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 580.38 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item INFOCISION MANAGEMENT CORP 2016 23 05 Mailing Address 325 SPRINSIDE DRIVE Amount 2812.79 City State Zip Code Transaction ID: SE.9239 **AKRON** ОН 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 23 2016 05 Type Name of Federal Candidate: 00 Support Office Sought: District: House CLINTON, HILLARY RODHAM, , , MS X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 317.96 2016 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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] 10 09 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	e of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	punt
City	State	Zip Code	-	5804.86
AKRON	ОН	44333		nsaction ID : SE.9240 e of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought	7	656.19	Disburseme 2016	ent For: Primary X General Other (specify) ►
Full Name of Payee		X Memo	Item Date	e of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amo	punt
City	State	Zip Code	-	979.36
AKRON	ОН	44333		nsaction ID : SE.9241 e of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Pres	ident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		110.71	Disbursemo	, ,
To a substantial class coagni	1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M 10	09 2016
Signature		_ Date		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	— F	1745.25
AKRON	ОН	44333		saction ID : SE.9242 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	✗ Presi	dent Senate State: NE
Calendar Year-To-Date Per Election for Office Sought	, , ,	197.28	Disburseme 2016	ent For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
323 SFRINGIDE DRIVE			Amo	unt
City	State	Zip Code		2599.81
AKRON	ОН	44333		nsaction ID : SE.9243 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		293.88	Disburseme	
	,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M M M /	09 2016
Signature		Batto		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	unt
City	State	Zip Code	-	1310.55
AKRON	ОН	44333		saction ID : SE.9244 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	dent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	148.15	Disburseme 2016	nt For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo		of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			l r	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amou	unt
City	State	Zip Code	-	8556.44
AKRON	ОН	44333		nsaction ID : SE.9245 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / Y 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	dent Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		967.23	Disburseme 2016	_ , _
	1 1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature			, 10	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D D / Y Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	nt
City	State	Zip Code		1972.76
AKRON	ОН	44333		saction ID : SE.9246 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	✗ Presid	NIM
Calendar Year-To-Date Per Election for Office Sought	7	223.00	Disbursemer 2016	nt For: Primary
Full Name of Payee		X Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address			L	05 23 2016
325 SPRINSIDE DRIVE			Amou	nt
City	State	Zip Code	— I	19160.99
AKRON	ОН	44333		saction ID : SE.9247 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	NV
Calendar Year-To-Date Per Election for Office Sought		2165.97	Disbursemer 2016	_ , _
, ,	1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	-	9301.79
AKRON	ОН	44333		saction ID : SE.9248 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1051.48	Disburseme 2016	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
323 SFRINGIDE DRIVE			Amou	ınt
City	State	Zip Code	ΗГ.	672.53
AKRON	ОН	44333		saction ID : SE.9249 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	lent Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		76.02	Disburseme 2016	
	7			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	.,,
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D "D / Y "Y "Y "Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	int
City	State	Zip Code	— F	11173.88
AKRON	ОН	44333		saction ID : SE.9250 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	ent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1263.10	Disbursemer 2016	nt For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— I	3604.36
AKRON	ОН	44333		saction ID : SE.9251 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	ent Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		407.44	Disbursemer	
	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	.,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09 2016
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— Г	3797.17
AKRON	ОН	44333		saction ID : SE.9252 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	lent Senate State: OR
Calendar Year-To-Date Per Election for Office Sought	, , ,	429.23	Disbursement 2016	nt For: Primary
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			Г	M M / D D / Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
323 SFRINGIDE DRIVE			Amou	unt
City	State	Zip Code	— Г.	12600.13
AKRON	ОН	44333		saction ID : SE.9253 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 7 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	lent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		1424.33	Disbursemer	
	7 7 -			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	.,,
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09 2016
Signature		_ Date		التتا لنا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	unt
City	State	Zip Code	$ \Gamma$	1049.95
AKRON	ОН	44333		saction ID : SE.9254 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	dent Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	7 7	118.69	Disburseme	nt For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo		of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			l r	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	4542.68
AKRON	ОН	44333		nsaction ID : SE.9255 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / D 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	dent Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		513.51	Disburseme 2016	
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature			, 10	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code		783.81
AKRON	OH	44333	Tran	nsaction ID : SE.9256
	OH	11000		of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	7 7	88.60	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		X Memo		of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M = M / D = D / Y = Y = Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	— F	6199.53
AKRON	ОН	44333		nsaction ID : SE.9257 of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y
VOTER CONTACT CALLS		Type 004		05 23 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presi	dent Senate State: TN
Calendar Year-To-Date		700.80	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	100.00	2016	Other (specify) ►
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es		-	
(a) TOTAL Independent Expenditures				
(a) TOTAL independent expenditures			-	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M M M M	09 2016
Signature				

PAGE 57 OF 63 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee X Memo Item INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code 23622.98 City ОН 44333 Transaction ID: SE.9258 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ VÖTER CONTACT CALLS 004 05 23 2016 Type Name of Federal Candidate: 00 Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , TX Oppose **x** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2670.36 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination ✗ Memo Item INFOCISION MANAGEMENT CORP 2016 23 05 Mailing Address 325 SPRINSIDE DRIVE Amount 2445.00 City State Zip Code Transaction ID: SE.9259 **AKRON** ОН 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 23 2016 05 Type Name of Federal Candidate: 00 Support Office Sought: District: House CLINTON, HILLARY RODHAM, , , UT X Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 276.38 2016 Per Election for Office Sought Other (specify) ▶ 0.00 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) 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] 10 09 2016 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	-	631.68
AKRON	ОН	44333		saction ID : SE.9260 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	dent Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	7 7	71.41	Disburseme	nt For:
Full Name of Payee		X Memo		of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			1	M M / D D / Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016
325 SPRINSIDE DRIVE			Amo	unt
City	State	Zip Code	$-\Gamma$	7880.74
AKRON	ОН	44333		nsaction ID : SE.9261 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / Y 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		890.84	Disburseme	
,	1			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	[ed] Date	M = M /	09 2016
Signature			, 10	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ M = M / D = D / Y = Y = Y
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			[05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	unt
City	State	Zip Code	$ \Gamma$	6625.01
AKRON	ОН	44333		saction ID : SE.9262 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 7 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	748.90	Disburseme 2016	nt For:
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			_ r	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amou	unt
City	State	Zip Code	-	1856.33
AKRON	ОН	44333		saction ID : SE.9263 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 05 / 23 / Y 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	✗ Presid	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		209.84	Disburseme 2016	
	1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09 2016
Signature				ا استتما الت

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				-
CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP		🗶 Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			Ar	05 23 2016
			— г	ring on
City	State	Zip Code	L	5535.98
AKRON	ОН	44333		ransaction ID : SE.9264 ate of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:00
CLINTON, HILLARY RODHAM, , ,		x Oppose		esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	625.79	Disburse 2016	ment For: Primary
Full Name of Payee		✗ Memo	Item Da	ate of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Ar	mount
City	State	Zip Code	— г	546.86
AKRON	ОН	44333		ransaction ID : SE.9265 ate of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 / Y 2016
Name of Federal Candidate:		Support	Office So	ought: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Pre	esident Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		61.82	Disburse 2016	ment For: Primary General
	,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	0.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M 10	09 2016
Signature		Batto		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		✗ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— F	647.14
AKRON	ОН	44333		saction ID : SE.9266 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought	7	73.15	Disburseme	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				M M / D D / Y Y Y Y
Mailing Address			L	05 23 2016
325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— F	82320.41
AKRON	ОН	44333		saction ID : SE.27537 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 26 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		82320.41	Disburseme	nt For: Primary 🗶 General
Tot Election for emiss edgin	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	82320.41
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			•	.,.,,
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M = M /	09 2016
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 63 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
INFOCISIOŃ MANAGEMENT CORP				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	$ \Gamma$	45464.20
AKRON	ОН	44333		saction ID : SE.27538 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		06 09 7 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	127784.61	Disbursemen 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP			П	M M / D D / Y Y Y Y
Mailing Address				05 23 2016
325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	— r	68528.15
AKRON	ОН	44333		saction ID : SE.27539 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		06 / 18 / 2016
Name of Federal Candidate:		Support	Office Sough	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought		196312.76	Disbursemei 2016 —	_ , _
	7 - 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [113992.35
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	, , , , , , , , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
MACKENZIE, SCOTT B, , ,	Electronically Fil	ed] Date	M M /	09 2016
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 63
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				
				C C00524454
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP				05 23 2016
Mailing Address 325 SPRINSIDE DRIVE			Amou	ınt
City	State	Zip Code	$-\Gamma$	56302.30
AKRON	ОН	44333		saction ID : SE.27540 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 06 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District: 00
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	252615.06	Disburseme 2016	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	•			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 325 SPRINSIDE DRIVE				03 23 2010
323 61 14116132 214112			Amou	ınt
City	State	Zip Code	— I :	29417.18
AKRON	ОН	44333		saction ID : SE.27541 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		M 06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:00
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	lent Senate State:
Calendar Year-To-Date		282032.24	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	20202.24	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	85719.48
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			· -	282032.24
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
MACKENZIE, SCOTT B, , ,	[Electronically Fil	ed1	M = M /	D D / Y Y Y Y Y
Signature		Date	9 10	09 2016