

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="155536.63"/>	<input type="text" value="155536.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="155536.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="900560.87"/>	<input type="text" value="900560.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1056097.50"/>	<input type="text" value="1056097.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1021518.90"/>	<input type="text" value="1021518.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34578.60"/>	<input type="text" value="34578.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="25682.60"/>	

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. 06/2004)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25783.00	25783.00
(ii) Unitemized	874777.87	874777.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	900560.87	900560.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	900560.87	900560.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	900560.87	900560.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	900560.87	900560.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	847101.50	847101.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	847101.50	847101.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	174317.40	174317.40
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1021518.90	1021518.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1021518.90	1021518.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	900560.87	900560.87
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	900460.87	900460.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	847101.50	847101.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	847101.50	847101.50

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

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

FOR LINE NUMBER: PAGE 6 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR RAMIN AKHBARI 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 MARIANNA WAY
 City State Zip Code
 CAMPBELL CA 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HITAIL CO SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.4879
 Amount of Each Receipt this Period
 150.00

B. MR RAMIN AKHBARI 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 MARIANNA WAY
 City State Zip Code
 CAMPBELL CA 95008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HITAIL CO SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2015
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period
 50.00

C. MS KATHERINE C ARTHUR 285
 Full Name (Last, First, Middle Initial)
 Mailing Address 2105 SHEPARD ST
 City State Zip Code
 MOREHEAD CITY NC 28557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.5497
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MARGARET AUSTIN 850
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 E FLOWER ST
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AZ HEALTH & HUMAN SRV Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.5652
 Amount of Each Receipt this Period
 50.00

B. MS MARGARET AUSTIN 850
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 E FLOWER ST
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AZ HEALTH & HUMAN SRV Occupation MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38127
 Amount of Each Receipt this Period
 0.00

C. MR DANIEL BARBER 380
 Full Name (Last, First, Middle Initial)
 Mailing Address 2337 BEECHAM PL N
 City CORDOVA State TN Zip Code 38016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA - TAX PREPARER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.5954
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DANIEL BARBER 380
 Full Name (Last, First, Middle Initial)
 Mailing Address 2337 BEECHAM PL N
 City State Zip Code
 CORDOVA TN 38016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED CPA - TAX PREPARER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38128
 Amount of Each Receipt this Period
 0.00

B. MR RANDY BENNETT 672
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 N LITCHFIELD ST
 City State Zip Code
 WICHITA KS 67203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2015
Transaction ID : SA11AI.6637
 Amount of Each Receipt this Period
 100.00

C. MR RANDY BENNETT 672
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 N LITCHFIELD ST
 City State Zip Code
 WICHITA KS 67203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38129
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JAMES BLACKMAN 446
 Full Name (Last, First, Middle Initial)
 Mailing Address 5871 ELY RD
 City WOOSTER State OH Zip Code 44691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.7055
 Amount of Each Receipt this Period
 200.00

B. MR DICK BOWMAN 968
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 KAPIOLANI BLVD
 APT 1204
 City HONOLULU State HI Zip Code 96815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.7583
 Amount of Each Receipt this Period
 88.00

C. MR DICK BOWMAN 968
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 KAPIOLANI BLVD
 APT 1204
 City HONOLULU State HI Zip Code 96815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38130
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR HOWARD BREBECK 168
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 W GATESBURG RD
 City WARRIORS MARK State PA Zip Code 16877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : SA11AI.7806
 Amount of Each Receipt this Period
 100.00

B. MR HOWARD BREBECK 168
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 W GATESBURG RD
 City WARRIORS MARK State PA Zip Code 16877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2015
Transaction ID : SA11AI.7807
 Amount of Each Receipt this Period
 100.00

C. MR HOWARD BREBECK 168
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 W GATESBURG RD
 City WARRIORS MARK State PA Zip Code 16877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOWARD'S APPLIANCE SERVICE INC Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38131
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS LINDA BROWN 863
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 N WIDE OPEN TRL
 City PRESCOTT VLY State AZ Zip Code 86314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.8252
 Amount of Each Receipt this Period
 200.00

B. MR CHARLES H BRUNIE 068
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 PARTRIDGE HOLLOW RD
 City GREENWICH State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.8328
 Amount of Each Receipt this Period
 300.00

C. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEROX CORP Occupation TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.8707
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEROX CORP Occupation TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015
Transaction ID : SA11AI.8708
 Amount of Each Receipt this Period
 200.00

B. MR DOUGLAS BURTON 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 12609 SILVER SPUR
 City AUSTIN State TX Zip Code 78727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BEROX CORP Occupation TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.8706
 Amount of Each Receipt this Period
 100.00

C. MS ANN BUSSEN 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 13020 PEMBROOKE VALLEY CT
 City SAINT LOUIS State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.8755
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR G M CANDELA 110
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 RIBBON ST
 City State Zip Code
 FRANKLIN SQUARE NY 11010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNEMPLOYED CUSTOMER SERVICE REPRESN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : SA11AI.9061
 Amount of Each Receipt this Period
 250.00

B. MS MARLENE CASEY 076
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 RIVER RD
 City State Zip Code
 NEW MILFORD NJ 07646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CAPITAL ALTERNATIVE CORPO SELF EMPLOYED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.9372
 Amount of Each Receipt this Period
 250.00

C. MS FRANCES CODY 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 7501 E THOMPSON PEAK PKWY UNIT
 City State Zip Code
 SCOTTSDALE AZ 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2015
Transaction ID : SA11AI.10101
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS FRANCES CODY 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 7501 E THOMPSON PEAK PKWY UNIT
 City State Zip Code
 SCOTTSDALE AZ 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38132
 Amount of Each Receipt this Period
 0.00

B. MR FRANCIS COLLINS 954
 Full Name (Last, First, Middle Initial)
 Mailing Address 17020 PARK AVE
 City State Zip Code
 SONOMA CA 95476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED BUILDER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.10234
 Amount of Each Receipt this Period
 300.00

C. MR IRA COMBS 492
 Full Name (Last, First, Middle Initial)
 Mailing Address 4580 EAGLE DR
 City State Zip Code
 JACKSON MI 49201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CCH INC ADMINISTRATOR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.10270
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 204
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JACK E CUTTING 773
 Full Name (Last, First, Middle Initial)
 Mailing Address 17327 VILLAGE BREEZE DR
 City TOMBALL State TX Zip Code 77377
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TCPN CUSTOMER SERVICE REPRESN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.11190
 Amount of Each Receipt this Period
 200.00

B. MR MILLARD E DAILEY 622
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 ROSELAWN AVE
 City FAIRVIEW HEIGHTS State IL Zip Code 62208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : SA11AI.11229
 Amount of Each Receipt this Period
 300.00

C. MR MILLARD E DAILEY 622
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 ROSELAWN AVE
 City FAIRVIEW HEIGHTS State IL Zip Code 62208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38133
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR JAMES DENTINGER 680		Date of Receipt
Mailing Address 1012 E CARY ST		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
PAPILLION	NE	68046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11841
Name of Employer	Occupation	Amount of Each Receipt this Period
FIRST COMMAND FINANCIAL	FINANCIAL ADVISOR	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. MR JAMES DENTINGER 680		Date of Receipt
Mailing Address 1012 E CARY ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
PAPILLION	NE	68046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.38134
Name of Employer	Occupation	Amount of Each Receipt this Period
FIRST COMMAND FINANCIAL	FINANCIAL ADVISOR	<input type="text" value="0.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. MR OTIS E DOTSON 242		Date of Receipt
Mailing Address 9517 DOTSON HOLLOW RD		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
POUND	VA	24279
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12278
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR OTIS E DOTSON 242
 Full Name (Last, First, Middle Initial)
 Mailing Address 9517 DOTSON HOLLOW RD
 City POUND State VA Zip Code 24279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.12279
 Amount of Each Receipt this Period
 150.00

B. MS CATHY DUNCAN 934
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 816
 City LOS ALAMOS State CA Zip Code 93440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARTER DUNCAN CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2015
Transaction ID : SA11AI.12572
 Amount of Each Receipt this Period
 200.00

C. MS CATHY DUNCAN 934
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 816
 City LOS ALAMOS State CA Zip Code 93440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARTER DUNCAN CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38135
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS JOYCE C EDDY 305
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 RED DELICIOUS
 City CLARKESVILLE State GA Zip Code 30523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HABERSHAM Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : SA11AI.12856
 Amount of Each Receipt this Period
 200.00

B. MS LOIS EDGERLY 021
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 HIGHLAND ST
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.12873
 Amount of Each Receipt this Period
 200.00

C. MS LOIS EDGERLY 021
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 HIGHLAND ST
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.12872
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ROY EHLERS 902
 Full Name (Last, First, Middle Initial)
 Mailing Address 4735 W BROADWAY APT 15
 City HAWTHORNE State CA Zip Code 90250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : SA11AI.12973
 Amount of Each Receipt this Period
 100.00

B. MR DUANE J FARR 554
 Full Name (Last, First, Middle Initial)
 Mailing Address 2330 WINFIELD AVE
 City MINNEAPOLIS State MN Zip Code 55422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.13557
 Amount of Each Receipt this Period
 100.00

C. MR DUANE J FARR 554
 Full Name (Last, First, Middle Initial)
 Mailing Address 2330 WINFIELD AVE
 City MINNEAPOLIS State MN Zip Code 55422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38136
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MARGARET L FLEENOR 352
 Full Name (Last, First, Middle Initial)
 Mailing Address 3517 LENOX RD
 City BIRMINGHAM State AL Zip Code 35213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : SA11AI.13992
 Amount of Each Receipt this Period
 250.00

B. MS GERALDINE FOX 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 FANFARE WAY APT 7306
 City ALPHARETTA State GA Zip Code 30009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2015
Transaction ID : SA11AI.14275
 Amount of Each Receipt this Period
 200.00

C. MS ANN M GEORGE 109
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 LEEWARD DR
 City HAVERSTRAW State NY Zip Code 10927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.15039
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS ANN M GEORGE 109
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 LEEWARD DR
 City HAVERSTRAW State NY Zip Code 10927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.38137
 Amount of Each Receipt this Period
 0.00

B. MR ROBERT A HALL 864
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 LAKESIDE DR 359
 City BULLHEAD CITY State AZ Zip Code 86442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 01 / 2015
Transaction ID : SA11AI.16488
 Amount of Each Receipt this Period
 250.00

C. MR ROBERT A HALL 864
 Full Name (Last, First, Middle Initial)
 Mailing Address 1660 LAKESIDE DR 359
 City BULLHEAD CITY State AZ Zip Code 86442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 30 / 2015
Transaction ID : SA11AI.38138
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR WILLARD L HARBACH 610
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 N STAGECOACH TRL
 City WARREN State IL Zip Code 61087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARBACH FARMS LTD Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.16723
 Amount of Each Receipt this Period
 300.00

B. MR WILLARD L HARBACH 610
 Full Name (Last, First, Middle Initial)
 Mailing Address 6900 N STAGECOACH TRL
 City WARREN State IL Zip Code 61087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARBACH FARMS LTD Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38139
 Amount of Each Receipt this Period
 0.00

C. MRS PEGGY HARD 494
 Full Name (Last, First, Middle Initial)
 Mailing Address 11806 WILSON ST
 City COOPERSVILLE State MI Zip Code 49404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : SA11AI.16736
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MRS PEGGY HARD 494		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.38140
Mailing Address 11806 WILSON ST		Amount of Each Receipt this Period 0.00
City COOPERSVILLE	State MI	Zip Code 49404
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MS RUTH T HAWK 452		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 Transaction ID : SA11AI.17110
Mailing Address 2401 INGLESIDE AVE UNIT 9B		Amount of Each Receipt this Period 150.00
City CINCINNATI	State OH	Zip Code 45206
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. MS RUTH T HAWK 452		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.38141
Mailing Address 2401 INGLESIDE AVE UNIT 9B		Amount of Each Receipt this Period 0.00
City CINCINNATI	State OH	Zip Code 45206
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)
A. MR SABAH B HEIM 995

Mailing Address 14440 OLD SEWARD HWY

City ANCHORAGE State AK Zip Code 99515

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : SA11Al.17354

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. MR SABAH B HEIM 995

Mailing Address 14440 OLD SEWARD HWY

City ANCHORAGE State AK Zip Code 99515

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : SA11Al.17355

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. MS LAUREL HIPPENSTEEL 170

Mailing Address 222 MARKET ST

City NEW CUMBERLND State PA Zip Code 17070

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11Al.17910

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1075.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS LAUREL HIPPENSTEEL 170		Date of Receipt
Mailing Address 222 MARKET ST		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW CUMBERLND	PA	17070
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.17909
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. MS LAUREL HIPPENSTEEL 170		Date of Receipt
Mailing Address 222 MARKET ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW CUMBERLND	PA	17070
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.38142
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="0.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) C. MR ROBERT S HUTCHISON 902		Date of Receipt
Mailing Address 1716 PASEO DEL MAR		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
PALOS VERDES ESTAT	CA	90274
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18790
Name of Employer	Occupation	Amount of Each Receipt this Period
HUTCHISON CORP	BUILDER	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="575.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR WILLIAM L IRWIN 217		Date of Receipt
Mailing Address 7105 UNAKITE CT		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDDLETOWN	MD	21769
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.18916
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. MR WILLIAM L IRWIN 217		Date of Receipt
Mailing Address 7105 UNAKITE CT		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
MIDDLETOWN	MD	21769
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.38143
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="0.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MR ARVIN JANZEN 807		Date of Receipt
Mailing Address 203 EDISON ST		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
BRUSH	CO	80723
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19176
Name of Employer	Occupation	Amount of Each Receipt this Period
A&R AUTOMOTIVE	OWNER	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 28 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR PAUL A JOHNSON 651
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 DAISY LN
 City JEFFERSON CITY State MO Zip Code 65109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.19507
 Amount of Each Receipt this Period
 500.00

B. MS PAULINE B JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD UNIT 1013
 City HIGHLANDS RANCH State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.19759
 Amount of Each Receipt this Period
 200.00

C. MS PAULINE B JONES 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3091 MILL VISTA RD UNIT 1013
 City HIGHLANDS RANCH State CO Zip Code 80129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : SA11AI.19761
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MARION E KINTNER 974
 Full Name (Last, First, Middle Initial)
 Mailing Address 2114 LYNNE DR
 City NORTH BEND State OR Zip Code 97459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.20559
 Amount of Each Receipt this Period
 100.00

B. MR JOSEPH F LOWREY 180
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 SPRING BROOK TER
 City NAZARETH State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.22560
 Amount of Each Receipt this Period
 150.00

C. MR JOSEPH F LOWREY 180
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 SPRING BROOK TER
 City NAZARETH State PA Zip Code 18064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38144
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR PHILLIP LYMAN 824
Full Name (Last, First, Middle Initial)

Mailing Address 2852 E US HIGHWAY 16

City TEN SLEEP State WY Zip Code 82442

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : SA11AI.22699

Amount of Each Receipt this Period
 200.00

B. MR CHARLES LYNCH 453
Full Name (Last, First, Middle Initial)

Mailing Address 2051 STATE ROUTE 571

City GREENVILLE State OH Zip Code 45331

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2015

Transaction ID : SA11AI.22715

Amount of Each Receipt this Period
 200.00

C. MS PATRICIA C LYNCH 816
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2176

City EDWARDS State CO Zip Code 81632

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : SA11AI.22721

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ROBERT E MALONE 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 18721 E BUCKSKIN DR
 City RIO VERDE State AZ Zip Code 85263
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.23005
 Amount of Each Receipt this Period
 200.00

B. MRS KAREN L MARTINS 838
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1981
 City BONNERS FERRY State ID Zip Code 83805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.23385
 Amount of Each Receipt this Period
 150.00

C. MRS KAREN L MARTINS 838
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1981
 City BONNERS FERRY State ID Zip Code 83805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38145
 Amount of Each Receipt this Period
 0.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JAMES H MAY 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 7728 SILVER MOON WAY
 City INDIANAPOLIS State IN Zip Code 46259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.23612
 Amount of Each Receipt this Period
 100.00

B. MR JAMES H MAY 462
 Full Name (Last, First, Middle Initial)
 Mailing Address 7728 SILVER MOON WAY
 City INDIANAPOLIS State IN Zip Code 46259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38146
 Amount of Each Receipt this Period
 0.00

C. MR RON MCKAY 790
 Full Name (Last, First, Middle Initial)
 Mailing Address 11670 COUNTY ROAD 44
 City DALHART State TX Zip Code 79022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer M&M FARM & RANCH MGMT CO Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.24080
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR RON MCKAY 790
Full Name (Last, First, Middle Initial)
Mailing Address 11670 COUNTY ROAD 44

City DALHART	State TX	Zip Code 79022
-----------------	-------------	-------------------

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

Name of Employer M&M FARM & RANCH MGMT CO	Occupation DIRECTOR
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2015

Transaction ID : SA11AI.24079

Amount of Each Receipt this Period
300.00

B. MR RON MCKAY 790
Full Name (Last, First, Middle Initial)
Mailing Address 11670 COUNTY ROAD 44

City DALHART	State TX	Zip Code 79022
-----------------	-------------	-------------------

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

Name of Employer M&M FARM & RANCH MGMT CO	Occupation DIRECTOR
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.38147

Amount of Each Receipt this Period
0.00

C. MR KEITH MCLARNAN 394
Full Name (Last, First, Middle Initial)
Mailing Address 107 DOVERCLIFF RD

City HATTIESBURG	State MS	Zip Code 39402
---------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2015

Transaction ID : SA11AI.24139

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS RITA MEEKS 476
 Full Name (Last, First, Middle Initial)
 Mailing Address 7922 JENNER RD
 City CHANDLER State IN Zip Code 47610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LRM HOLDINGS INC Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 11 / 2015
Transaction ID : SA11AI.24364
 Amount of Each Receipt this Period
 250.00

B. MR WILLIAM MESEROLE 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 BELLA VISTA CT S
 City JUPITER State FL Zip Code 33477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.24524
 Amount of Each Receipt this Period
 200.00

C. MR PETER MOLONEY 117
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SWAN VIEW DR
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKHAVEN MEMORIAL HOSPITAL Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2015
Transaction ID : SA11AI.25159
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 35 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR PETER MOLONEY 117
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SWAN VIEW DR
 City PATCHOGUE State NY Zip Code 11772
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BROOKHAVEN MEMORIAL HOSPITAL Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38148
 Amount of Each Receipt this Period
 0.00

B. MS VIRGINIA MOSBY 959
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 786
 City MAXWELL State CA Zip Code 95955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.25575
 Amount of Each Receipt this Period
 250.00

C. MS BARBARA MULLIS 317
 Full Name (Last, First, Middle Initial)
 Mailing Address 182 CENTURY RD E
 City LEESBURG State GA Zip Code 31763
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.25777
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR BRIAN NELSON 684		Date of Receipt
Mailing Address 12000 SW 14TH ST		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City ROCA	State NE	Zip Code 68430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.26169
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation TRUCKER		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) B. MR BRIAN NELSON 684		Date of Receipt
Mailing Address 12000 SW 14TH ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City ROCA	State NE	Zip Code 68430
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.38149
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation TRUCKER		<input type="text" value="0.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) C. MR JOEL W NEWBY 770		Date of Receipt
Mailing Address 7802 WICKERSHAM LN		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City HOUSTON	State TX	Zip Code 77063
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.26262
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="425.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="425.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 37 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JOEL W NEWBY 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 7802 WICKERSHAM LN
 City HOUSTON State TX Zip Code 77063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.38162
 Amount of Each Receipt this Period
 425.00

B. MR WINFORD T NOWELL 018
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ROLLINS ST
 City GROVELAND State MA Zip Code 01834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.26602
 Amount of Each Receipt this Period
 100.00

C. MS SARAH A NOZNIISKY 142
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : SA11AI.26612
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 204
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS SARAH A NOZNISKY 142
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 HARDING AVE
 City BUFFALO State NY Zip Code 14217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38150
 Amount of Each Receipt this Period
 0.00

B. MS NANCY C OAKES 563
 Full Name (Last, First, Middle Initial)
 Mailing Address 540 17TH ST N
 City SAINT CLOUD State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2015
Transaction ID : SA11AI.26660
 Amount of Each Receipt this Period
 200.00

C. MS CONNIE ONEIL 681
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 N 159TH AVE
 City OMAHA State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.26903
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS LINDA PRIDE 199
 Full Name (Last, First, Middle Initial)
 Mailing Address 14161 STEAMBOAT LANDING RD
 City MILTON State DE Zip Code 19968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEAM BOAT LANDING Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2015
Transaction ID : SA11AI.28620
 Amount of Each Receipt this Period
 200.00

B. MR GREGORY A PROUGH 894
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 LA JOLLA LN
 City SPARKS State NV Zip Code 89441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REAL ESTATE Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2015
Transaction ID : SA11AI.28672
 Amount of Each Receipt this Period
 250.00

C. MR KEVIN REEVES 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SAINT WILLIAMS LOOP
 City ROUND ROCK State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KEVEN'S GLASS & ROOFING Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : SA11AI.29231
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 40 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR KEVIN REEVES 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 SAINT WILLIAMS LOOP
 City ROUND ROCK State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KEVEN'S GLASS & ROOFING Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.29230
 Amount of Each Receipt this Period
 350.00

B. MR RICK REMINGTON 616
 Full Name (Last, First, Middle Initial)
 Mailing Address 8777 N PICTURE RIDGE RD
 City PEORIA State IL Zip Code 61615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHAMPION EDGE Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2015
Transaction ID : SA11AI.29323
 Amount of Each Receipt this Period
 250.00

C. MR LARRY REMPEL 154
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 STEPPING STONE RD
 City CONFLUENCE State PA Zip Code 15424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEPPING STONE FARM Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.29327
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR LARRY REMPEL 154
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 STEPPING STONE RD
 City CONFLUENCE State PA Zip Code 15424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEPPING STONE FARM Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38151
 Amount of Each Receipt this Period
 0.00

B. MR ROBERT S RICE 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 8709 HAVENWOOD TRL
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLUE CROSS AND SHIELD OF TX Occupation INSURANCE AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.29504
 Amount of Each Receipt this Period
 250.00

C. MR NORMAN ROBERT 708
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 HERMADEL DR
 City BATON ROUGE State LA Zip Code 70816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.29812
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS PATRICIA RODENBAUGH 194
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 COUNTRY LN
 City PHOENIXVILLE State PA Zip Code 19460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2015
Transaction ID : SA11AI.29976
 Amount of Each Receipt this Period
 1000.00

B. MR CHARLES A ROPER 920
 Full Name (Last, First, Middle Initial)
 Mailing Address 6733 CANTIL ST
 City CARLSBAD State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.30155
 Amount of Each Receipt this Period
 50.00

C. MR TIMOTHY G ROTHWELL 085
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 SANDY RIDGE MOUNT AIRY RD
 City STOCKTON State NJ Zip Code 08559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2015
Transaction ID : SA11AI.30298
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR GEORGE SANDERS 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 14131 MIDWAY RD
 City ADDISON State TX Zip Code 75001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONTINENTAL US MGMT CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.30725
 Amount of Each Receipt this Period
 250.00

B. MR GEORGE SANDERS 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 14131 MIDWAY RD
 City ADDISON State TX Zip Code 75001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONTINENTAL US MGMT CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38152
 Amount of Each Receipt this Period
 0.00

C. MR JOHN M SANSOM 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 9455 PENSACOLA BLVD STE B
 City PENSACOLA State FL Zip Code 32534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACCOUNTANT Occupation CUSTOMER SERVICE REPRESN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2015
Transaction ID : SA11AI.30762
 Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JOHN M SANSOM 325
 Full Name (Last, First, Middle Initial)
 Mailing Address 9455 PENSACOLA BLVD
 STE B
 City PENSACOLA State FL Zip Code 32534
 Name of Employer ACCOUNTANT Occupation CUSTOMER SERVICE REPRESENTATIVE
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.30763
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 900.00

B. DR TERRY SCARBOROUGH 770 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5031 JACKWOOD ST
 City HOUSTON State TX Zip Code 77096
 Name of Employer TX LAPAROSCOPIC CONSULTANTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11AI.30867
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date
 300.00

C. DR TERRY SCARBOROUGH 770 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5031 JACKWOOD ST
 City HOUSTON State TX Zip Code 77096
 Name of Employer TX LAPAROSCOPIC CONSULTANTS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38154
 Amount of Each Receipt this Period
 0.00
 Aggregate Year-to-Date
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MR STEVEN SEAWALT 779			Date of Receipt
Mailing Address PO BOX 2183			<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.31415
VICTORIA	TX	77902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
MACIT INDUSTRIAL	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. MR PAUL SINGER 105			Date of Receipt
Mailing Address 6 WINSOR PL			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.32073
PURCHASE	NY	10577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. P HARRISON SLOAN 751			Date of Receipt
Mailing Address 476 BROOKSHIRE ST			<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11AI.32204
POWELL	TX	75153	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JACK STARKS 729
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 N 47TH ST
 City FORT SMITH State AR Zip Code 72904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2015
Transaction ID : SA11AI.33069
 Amount of Each Receipt this Period
 200.00

B. MS BETTY A STEINKE 970
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 98
 City SAINT HELENS State OR Zip Code 97051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEINKE CONSTRUCTION INC Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.33189
 Amount of Each Receipt this Period
 100.00

C. MS BETTY A STEINKE 970
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 98
 City SAINT HELENS State OR Zip Code 97051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEINKE CONSTRUCTION INC Occupation SECRETARY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38156
 Amount of Each Receipt this Period
 0.00

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

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

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

FOR LINE NUMBER: PAGE 48 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DOUGLAS E SWANSON 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 10271 HAMPTON DR
 City ANCHORAGE State AK Zip Code 99507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONICAL PHILLIPS Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2015
Transaction ID : SA11AI.33910
 Amount of Each Receipt this Period
 300.00

B. MS JANUARY SZWEDA 601
 Full Name (Last, First, Middle Initial)
 Mailing Address 7925 PEBBLEBROOK CIR
 City HANOVER PARK State IL Zip Code 60133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILLER BEACH Occupation SALESMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2015
Transaction ID : SA11AI.34003
 Amount of Each Receipt this Period
 200.00

C. MR MICHAEL L TEAL 780
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 146
 City TILDEN State TX Zip Code 78072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation RANCHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2015
Transaction ID : SA11AI.34196
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 49 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JOHN W TYLER 751
 Full Name (Last, First, Middle Initial)
 Mailing Address 637 TURNER DR
 City TRINIDAD State TX Zip Code 75163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : SA11AI.35195
 Amount of Each Receipt this Period
 100.00

B. MR JOHN VRAB 787
 Full Name (Last, First, Middle Initial)
 Mailing Address 13359 NORTH HIGHWAY 183
 406206
 City AUSTIN State TX Zip Code 78750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SPACE COACH ENGINEER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.35730
 Amount of Each Receipt this Period
 200.00

C. MR JOHNNY WALL 383
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 WELCH LN
 City LAVINIA State TN Zip Code 38348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.35878
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MIRIAM WALTON 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 23205 FARMINGTON RD
 City FARMINGTON State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.35998
 Amount of Each Receipt this Period
 100.00

B. MS MIRIAM WALTON 483
 Full Name (Last, First, Middle Initial)
 Mailing Address 23205 FARMINGTON RD
 City FARMINGTON State MI Zip Code 48336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38157
 Amount of Each Receipt this Period
 0.00

C. MS PENNY L WESTPHAL 945
 Full Name (Last, First, Middle Initial)
 Mailing Address 917 WEBB LN
 City LAFAYETTE State CA Zip Code 94549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2015
Transaction ID : SA11AI.36576
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. LAJEAN C WHITCOMB 740
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 N COTTONWOOD RD
 City State Zip Code
 STILLWATER OK 74075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LACEBARK INC OFFICE MANAGER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : SA11AI.36652
 Amount of Each Receipt this Period
 200.00

B. DONALD A WILLETT 484
 Full Name (Last, First, Middle Initial)
 Mailing Address 3557 KINGS MILL RD
 City State Zip Code
 NORTH BRANCH MI 48461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BRIGHT FUTURES INC VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.36945
 Amount of Each Receipt this Period
 100.00

C. DONALD A WILLETT 484
 Full Name (Last, First, Middle Initial)
 Mailing Address 3557 KINGS MILL RD
 City State Zip Code
 NORTH BRANCH MI 48461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BRIGHT FUTURES INC VICE PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38158
 Amount of Each Receipt this Period
 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 204
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. MS ANITA WILLIAMS 671		Date of Receipt
Mailing Address 1400 MAPLE ST		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City NEWTON	State KS	Zip Code 67114
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37037
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="235.00"/>	

Full Name (Last, First, Middle Initial) B. MS BARBARA J WINTERLAND 617		Date of Receipt
Mailing Address PO BOX 212		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City FAIRBURY	State IL	Zip Code 61739
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37312
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) C. MR DON WITT 760		Date of Receipt
Mailing Address 700 COUNTY ROAD 913		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City JOSHUA	State TX	Zip Code 76058
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.37362
Name of Employer BLACKHAWK CUSTOM		Amount of Each Receipt this Period
Occupation BUSINESS OWNER		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="550.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DON WITT 760
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 COUNTY ROAD 913
 City JOSHUA State TX Zip Code 76058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLACKHAWK CUSTOM Occupation BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38159
 Amount of Each Receipt this Period
 0.00

B. MR RONALD WOOLEY 776
 Full Name (Last, First, Middle Initial)
 Mailing Address 2366 BEVERLY ST
 City BRIDGE CITY State TX Zip Code 77611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.37553
 Amount of Each Receipt this Period
 150.00

C. MR RALPH WRIGHT 630
 Full Name (Last, First, Middle Initial)
 Mailing Address 708 SUMMER OAK DR
 City BALLWIN State MO Zip Code 63021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CITY OF CHANUTE Occupation ELECTRIC SUPERINTENDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2015
Transaction ID : SA11AI.37616
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 204
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ORVAN YODER 465
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 144

City TOPEKA State IN Zip Code 46571

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

Name of Employer OK SAW AND TOOL INC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2015
Transaction ID : SA11AI.37744

Amount of Each Receipt this Period
 50.00

B. MR ORVAN YODER 465
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 144

City TOPEKA State IN Zip Code 46571

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

Name of Employer OK SAW AND TOOL INC Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA11AI.38160

Amount of Each Receipt this Period
 0.00

C. MR LEON ZIMMERMAN 175
Full Name (Last, First, Middle Initial)

Mailing Address 254 SILVERWOOD DR

City LITITZ State PA Zip Code 17543

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

Name of Employer LASERFAB INC Occupation INVENTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2015
Transaction ID : SA11AI.37968

Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 55 OF 204
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial)
MR LEON ZIMMERMAN 175

Mailing Address 254 SILVERWOOD DR

City State Zip Code
LITITZ PA 17543

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

Name of Employer Occupation
LASERFAB INC INVENTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.38161

Amount of Each Receipt this Period
0.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	25783.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4435
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 481.13
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4447
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 2884.17
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4448
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 778.33
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4143.63
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4449

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

66.14

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4441

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

649.25

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4450

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

1993.17

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2708.56

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4451
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 580.44
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4452
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 47.11
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 02 / 05 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4436
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 395.39
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	1022.94
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 02 / 13 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4442
City FAIRFAX	State VA	
Purpose of Disbursement ACCOUNT ANALYSIS FEE	Category/ Type 001	Amount of Each Disbursement this Period 426.83
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4453
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 2108.63
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4454
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 623.25
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3158.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4455

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

861.15

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		05		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4437

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

315.58

Purpose of Disbursement
AMEX DISCOUNT FEES

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Mailing Address 11325 RANDOM HILLS RD

Transaction ID : SB21B.4443

City State Zip Code
FAIRFAX VA 22030

Amount of Each Disbursement this Period

496.95

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001
Category/ Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

861.15

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4438
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEES	Candidate Name TEA PARTY MAJORITY FUND	Amount of Each Disbursement this Period 226.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type 001

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4456
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Candidate Name TEA PARTY MAJORITY FUND	Amount of Each Disbursement this Period 1395.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type 001

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 04 / 06 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4457
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Candidate Name TEA PARTY MAJORITY FUND	Amount of Each Disbursement this Period 559.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/Type 001

SUBTOTAL of Disbursements This Page (optional).....▶	2181.40
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
04		06		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4458

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

32.07

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
04		14		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4444

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001
Category/ Type

Amount of Each Disbursement this Period

440.29

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Mailing Address 11325 RANDOM HILLS RD

M M M	/	D D D	/	Y Y Y Y Y
05		04		2015

City State Zip Code
FAIRFAX VA 22030

Transaction ID : SB21B.4459

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001
Category/ Type

Amount of Each Disbursement this Period

1917.74

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2390.10

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB21B.4460**

Amount of Each Disbursement this Period

443.99

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : **SB21B.4461**

Amount of Each Disbursement this Period

44.26

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2015

Transaction ID : **SB21B.4439**

Amount of Each Disbursement this Period

303.63

SUBTOTAL of Disbursements This Page (optional)..... ▶

791.88

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 05 / 14 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4445
City FAIRFAX	State VA	
Purpose of Disbursement ACCOUNT ANALYSIS FEE	Category/ Type 001	Amount of Each Disbursement this Period 521.54
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4462
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 1954.27
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 11325 RANDOM HILLS RD		Transaction ID : SB21B.4463
City FAIRFAX	State VA	
Purpose of Disbursement BANK OF AMERICA CC DISCOUNT FEES	Category/ Type 001	Amount of Each Disbursement this Period 538.66
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	3014.47
TOTAL This Period (last page this line number only)..... ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
BANK OF AMERICA CC DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : **SB21B.4464**

Amount of Each Disbursement this Period

44.03

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
AMEX DISCOUNT FEES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2015

Transaction ID : **SB21B.4440**

Amount of Each Disbursement this Period

277.73

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code
FAIRFAX VA 22030

Purpose of Disbursement
ACCOUNT ANALYSIS FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : **SB21B.4446**

Amount of Each Disbursement this Period

360.95

SUBTOTAL of Disbursements This Page (optional)..... ▶

682.71

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. JAMES D HAGUE

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
LIST RENTALS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : **SB21B.4469**

Amount of Each Disbursement this Period

3678.50

Full Name (Last, First, Middle Initial)

B. JAMES D HAGUE

Mailing Address 1301 U STREET NW #606

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement
LIST RENTALS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : **SB21B.4471**

Amount of Each Disbursement this Period

805.00

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKEETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : **SB21B.4482**

Amount of Each Disbursement this Period

91593.65

SUBTOTAL of Disbursements This Page (optional)..... ▶

96077.15

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4483
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Amount of Each Disbursement this Period 76246.88
Candidate Name TEA PARTY MAJORITY FUND	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4484
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Amount of Each Disbursement this Period 29487.02
Candidate Name TEA PARTY MAJORITY FUND	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 20 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4485
City AKRON	State OH	
Zip Code 44333	Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Amount of Each Disbursement this Period 45731.19
Candidate Name TEA PARTY MAJORITY FUND	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	151465.09
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 01 / 26 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4486
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 19206.25	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 02 / 04 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4487
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 60191.23	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. INFOCISION MANAGEMENT CORP		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 325 SPRINGSIDE DR		Transaction ID : SB21B.4488
City AKRON State OH Zip Code 44333	Amount of Each Disbursement this Period 54587.41	
Purpose of Disbursement PAC TELEMARKETING SOLICITATIONS	Category/Type 003	
Candidate Name TEA PARTY MAJORITY FUND		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	133984.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : SB21B.4489

Amount of Each Disbursement this Period

33167.34

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2015

Transaction ID : SB21B.4490

Amount of Each Disbursement this Period

17677.06

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2015

Transaction ID : SB21B.4491

Amount of Each Disbursement this Period

28772.54

SUBTOTAL of Disbursements This Page (optional)..... ▶

79616.94

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2015

Transaction ID : SB21B.4492

Amount of Each Disbursement this Period

45749.93

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2015

Transaction ID : SB21B.4493

Amount of Each Disbursement this Period

16306.73

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2015

Transaction ID : SB21B.4494

Amount of Each Disbursement this Period

23681.50

SUBTOTAL of Disbursements This Page (optional)..... ▶

85738.16

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2015

Transaction ID : SB21B.4495

Amount of Each Disbursement this Period

37138.60

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : SB21B.4496

Amount of Each Disbursement this Period

29747.45

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2015

Transaction ID : SB21B.4497

Amount of Each Disbursement this Period

39630.67

SUBTOTAL of Disbursements This Page (optional)..... ▶

106516.72

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
04		23		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4498

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

25552.80

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
05		05		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4499

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

33152.88

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Date of Disbursement

Mailing Address 325 SPRINGSIDE DR

M M M	/	D D D	/	Y Y Y Y Y
05		12		2015

City AKRON State OH Zip Code 44333

Transaction ID : SB21B.4500

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

Amount of Each Disbursement this Period

32258.44

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

90964.12

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2015

Mailing Address 325 SPRINGSIDE DR

Transaction ID : SB21B.4501

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

23663.41

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2015

Mailing Address 325 SPRINGSIDE DR

Transaction ID : SB21B.4502

City AKRON State OH Zip Code 44333

Amount of Each Disbursement this Period

Purpose of Disbursement
PAC TELEMARKETING SOLICITATIONS

003
Category/ Type

33369.47

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LYNNBURN COMMUNICATIONS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2015

Mailing Address 39 CEDARWOOD LN

Transaction ID : SB21B.4472

City CHADDS FORD State PA Zip Code 19317

Amount of Each Disbursement this Period

Purpose of Disbursement
DONOR FILE UPDATE, LIST SELECTION OUTPUT

003
Category/ Type

3750.00

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

60782.88

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 23 / 2015

Transaction ID : **SB21B.4476**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2015

Transaction ID : **SB21B.4477**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2015

Transaction ID : **SB21B.4478**

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 76 OF 204
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor INFOCISION MANAGEMENT CORP	Nature of Debt (Purpose): VOTER CONTACT CALLS
Mailing Address 325 SPRINGSIDE DR	
City State Zip Code AKRON OH 44333	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.4661	
Amount Incurred This Period <input type="text" value="25682.60"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25682.60"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="25682.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="25682.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="25682.60"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3093.19
City AKRON State OH Zip Code 44333	Transaction ID : SE.4167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: AL
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 449.62
City AKRON State OH Zip Code 44333	Transaction ID : SE.4169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: AK
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4087.72
City AKRON State OH Zip Code 44333	Transaction ID : SE.4170 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AZ
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1874.55
City AKRON State OH Zip Code 44333	Transaction ID : SE.4171 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 23916.75
Transaction ID : SE.4172
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: CA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3270.85
Transaction ID : SE.4173
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2337.31
Transaction ID : SE.4174
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: CT
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
591.16
Transaction ID : SE.4175
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: DE
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 12676.31
Transaction ID: SE.4176
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 6164.63
Transaction ID: SE.4177
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 900.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.4178 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: HI
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 973.56
City AKRON State OH Zip Code 44333	Transaction ID : SE.4179 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: ID
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
8222.86
Transaction ID : SE.4180
Date of Disbursement or Obligation
06 / 01 / 2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 0.00
Disbursement For: Primary General 2016 Other (specify)

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
4139.84
Transaction ID : SE.4181
Date of Disbursement or Obligation
06 / 01 / 2015

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1967.48
Transaction ID : SE.4182
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: IA
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1807.07
Transaction ID : SE.4183
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: KS
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2817.84
Transaction ID : SE.4184
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: KY
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
2908.92
Transaction ID : SE.4185
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
891.17
Transaction ID : SE.4186
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: ME
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
3771.52
Transaction ID : SE.4187
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: MD
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4361.33
City AKRON State OH Zip Code 44333	Transaction ID : SE.4188
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 6379.24
City AKRON State OH Zip Code 44333	Transaction ID : SE.4189
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 3422.85
Transaction ID : SE.4190
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MN
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 1875.20
Transaction ID : SE.4191
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
3869.91
Transaction ID : SE.4192
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
652.91
Transaction ID : SE.4193
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: MT
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DR
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DR
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date: 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 873.70
City AKRON State OH Zip Code 44333	Transaction ID : SE.4196 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5704.29
City AKRON State OH Zip Code 44333	Transaction ID : SE.4197 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NJ
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1315.17
Transaction ID : SE.4198
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: NM
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
12774.00
Transaction ID : SE.4199
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: NY
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 6201.20
Transaction ID: SE.4200
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 448.36
Transaction ID: SE.4201
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 7449.25
Transaction ID : SE.4202
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: OH
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 2402.91
Transaction ID : SE.4203
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: OK
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2531.45
City AKRON State OH Zip Code 44333	Transaction ID : SE.4204 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: OR
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 8400.09
City AKRON State OH Zip Code 44333	Transaction ID : SE.4205 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 699.97
City AKRON State OH Zip Code 44333	Transaction ID : SE.4206 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3028.45
City AKRON State OH Zip Code 44333	Transaction ID : SE.4207 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 522.54
City AKRON State OH Zip Code 44333	Transaction ID : SE.4208 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: SD
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4133.02
City AKRON State OH Zip Code 44333	Transaction ID : SE.4209 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: TN
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 15748.66
Transaction ID: SE.4210
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 0.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1630.00
Transaction ID: SE.4211
Date of Disbursement or Obligation 06/01/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
421.12
Transaction ID : SE.4212
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: VT
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
5253.82
Transaction ID : SE.4213
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: VA
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
4416.67
Transaction ID : SE.4214
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: WA
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1237.55
Transaction ID : SE.4215
Date of Disbursement or Obligation
06 / 01 / 2015
Office Sought: House District: 00
President Senate State: WV
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3690.65
City AKRON State OH Zip Code 44333	Transaction ID : SE.4216 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 364.58
City AKRON State OH Zip Code 44333	Transaction ID : SE.4217 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WY
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 0.00

Date of Public Distribution/Dissemination 06/01/2015
Amount 431.43
Transaction ID : SE.4218
Date of Disbursement or Obligation 06/01/2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1666.25

Date of Public Distribution/Dissemination 06/01/2015
Amount 1666.25
Transaction ID : SE.4506
Date of Disbursement or Obligation 06/04/2015
Office Sought: House District: 00
President Senate State: AZ
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1666.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
183.28

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
183.28
Transaction ID : SE.4507
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: AK
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
764.11

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
764.11
Transaction ID : SE.4508
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 947.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1260.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4509 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 1260.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 9749.04
City AKRON State OH Zip Code 44333	Transaction ID : SE.4510 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 9749.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11009.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1333.27

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1333.27
Transaction ID : SE.4511
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: CO
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
952.74

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
952.74
Transaction ID : SE.4512
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: CT
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2286.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 240.97
Date of Public Distribution/Dissemination 06/01/2015
Amount 240.97
Transaction ID: SE.4513
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 5167.16
Date of Public Distribution/Dissemination 06/01/2015
Amount 5167.16
Transaction ID: SE.4514
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5408.13
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 2512.84	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4515
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 2512.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 367.12	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4516
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought 367.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2879.96
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 396.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4517 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 396.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3351.83
City AKRON State OH Zip Code 44333	Transaction ID : SE.4518 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 3351.83	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3748.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1687.49
City AKRON State OH Zip Code 44333	Transaction ID : SE.4519 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 1687.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 801.99
City AKRON State OH Zip Code 44333	Transaction ID : SE.4520 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 801.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2489.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 17 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 736.60
City AKRON State OH Zip Code 44333	Transaction ID : SE.4521 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 736.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1148.61
City AKRON State OH Zip Code 44333	Transaction ID : SE.4522 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1148.61	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1885.21
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1185.74
City AKRON State OH Zip Code 44333	Transaction ID : SE.4523 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 1185.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 363.26
City AKRON State OH Zip Code 44333	Transaction ID : SE.4524 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 363.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1549.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1537.36
City AKRON State OH Zip Code 44333	Transaction ID : SE.4525 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 1537.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1777.78
City AKRON State OH Zip Code 44333	Transaction ID : SE.4526 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 1777.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3315.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2600.32
City AKRON State OH Zip Code 44333	Transaction ID : SE.4527 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 2600.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1395.23
City AKRON State OH Zip Code 44333	Transaction ID : SE.4528 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 1395.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3995.55
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 764.37
City AKRON State OH Zip Code 44333	Transaction ID : SE.4529 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 764.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1577.46
City AKRON State OH Zip Code 44333	Transaction ID : SE.4530 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 1577.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2341.83
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 266.14
Transaction ID: SE.4531
Date of Disbursement or Obligation 06/04/2015

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount 474.27
Transaction ID: SE.4532
Date of Disbursement or Obligation 06/04/2015

(a) SUBTOTAL of Itemized Independent Expenditures 740.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 706.49
City AKRON State OH Zip Code 44333	Transaction ID : SE.4533 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 706.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 356.14
City AKRON State OH Zip Code 44333	Transaction ID : SE.4534 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 356.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1062.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2325.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4535 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 2325.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 536.09
City AKRON State OH Zip Code 44333	Transaction ID : SE.4536 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 536.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2861.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5206.97
City AKRON State OH Zip Code 44333	Transaction ID : SE.4537 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought 5206.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2527.75
City AKRON State OH Zip Code 44333	Transaction ID : SE.4538 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 2527.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7734.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 182.76
City AKRON State OH Zip Code 44333	Transaction ID : SE.4539 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 182.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3036.49
City AKRON State OH Zip Code 44333	Transaction ID : SE.4540 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 3036.49	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3219.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 979.48
City AKRON State OH Zip Code 44333	Transaction ID : SE.4541 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>
Calendar Year-To-Date Per Election for Office Sought 979.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1031.88
City AKRON State OH Zip Code 44333	Transaction ID : SE.4542 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought 1031.88	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2011.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	_____
(c) TOTAL Independent Expenditures..... ▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 3424.07
Date of Public Distribution/Dissemination 06/01/2015
Amount 3424.07
Transaction ID: SE.4543
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 285.32
Date of Public Distribution/Dissemination 06/01/2015
Amount 285.32
Transaction ID: SE.4544
Date of Disbursement or Obligation 06/04/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3709.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1234.47
City AKRON State OH Zip Code 44333	Transaction ID : SE.4545 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 1234.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 213.00
City AKRON State OH Zip Code 44333	Transaction ID : SE.4546 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 213.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1447.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1684.71
City AKRON State OH Zip Code 44333	Transaction ID : SE.4547 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 1684.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 6419.51
City AKRON State OH Zip Code 44333	Transaction ID : SE.4548 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 6419.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8104.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
664.43

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
664.43
Transaction ID : SE.4549
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: UT
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
171.66

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
171.66
Transaction ID : SE.4550
Date of Disbursement or Obligation
06 / 04 / 2015
Office Sought: House District: 00
President Senate State: VT
Disbursement For: Primary General
2016 Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 836.09. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2141.58
City AKRON State OH Zip Code 44333	Transaction ID : SE.4551 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 2141.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1800.34
City AKRON State OH Zip Code 44333	Transaction ID : SE.4552 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 04 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 1800.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3941.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 504.46	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4553
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 504.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1504.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4554
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 1504.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2008.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
 Signature

[Electronically Filed] Date **01 / 17 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 148.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4555
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought 148.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 175.86	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4556
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought 175.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	324.47
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **01 / 17 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 882.29
City AKRON State OH Zip Code 44333	Transaction ID : SE.4557 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2143.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 128.25
City AKRON State OH Zip Code 44333	Transaction ID : SE.4558 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 311.53	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1010.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1165.96
City AKRON State OH Zip Code 44333	Transaction ID : SE.4559 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 2832.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 534.69
City AKRON State OH Zip Code 44333	Transaction ID : SE.4560 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 1298.80	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1700.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 6821.91	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4561
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 16570.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 932.96	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4562
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 2266.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7754.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 1619.42
Date of Public Distribution/Dissemination 06/01/2015
Amount 666.68
Transaction ID : SE.4563
Date of Disbursement or Obligation 06/15/2015
Office Sought: President
Disbursement For: General

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON
Calendar Year-To-Date Per Election for Office Sought 409.59
Date of Public Distribution/Dissemination 06/01/2015
Amount 168.62
Transaction ID : SE.4564
Date of Disbursement or Obligation 06/15/2015
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 835.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DR		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4565
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		8782.89	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DR		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4566
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		4271.21	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) TOTAL Independent Expenditures.....▶	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date / /

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M 256.89
City AKRON State OH Zip Code 44333	Transaction ID : SE.4567 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M 624.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M 277.69
City AKRON State OH Zip Code 44333	Transaction ID : SE.4568 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M 674.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M M M M M 534.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M
(c) TOTAL Independent Expenditures..... ▶	M M M M M M

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 5697.28
Date of Public Distribution/Dissemination 06/01/2015
Amount 2345.45
Transaction ID: SE.4569
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 2868.32
Date of Public Distribution/Dissemination 06/01/2015
Amount 1180.83
Transaction ID: SE.4570
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3526.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 561.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4571 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1363.19	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 515.44
City AKRON State OH Zip Code 44333	Transaction ID : SE.4572 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1252.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1076.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 803.75
City AKRON State OH Zip Code 44333	Transaction ID : SE.4573 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1952.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 829.73
City AKRON State OH Zip Code 44333	Transaction ID : SE.4574 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2015.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1633.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
254.19
Transaction ID : SE.4575
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
ME
Calendar Year-To-Date
Per Election for Office Sought
617.45

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1075.77
Transaction ID : SE.4576
Date of Disbursement or Obligation
06 / 15 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
MD
Calendar Year-To-Date
Per Election for Office Sought
2613.13

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 1329.96, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 3021.79
Date of Public Distribution/Dissemination 06/01/2015
Amount 1244.01
Transaction ID: SE.4577
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 4419.91
Date of Public Distribution/Dissemination 06/01/2015
Amount 1819.59
Transaction ID: SE.4578
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3063.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 976.32
City AKRON State OH Zip Code 44333	Transaction ID : SE.4579 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 2371.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 534.87
City AKRON State OH Zip Code 44333	Transaction ID : SE.4580 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1299.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1511.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1103.84
City AKRON State OH Zip Code 44333	Transaction ID : SE.4581 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 2681.30	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 186.23
City AKRON State OH Zip Code 44333	Transaction ID : SE.4582 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 452.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1290.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date **01 / 17 / 2016**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 806.14
Date of Public Distribution/Dissemination 06/01/2015
Amount 331.87
Transaction ID: SE.4583
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 1200.86
Date of Public Distribution/Dissemination 06/01/2015
Amount 494.37
Transaction ID: SE.4584
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 826.24
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
605.35

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
249.21
Transaction ID : SE.4585
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: NH
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
3952.27

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1627.07
Transaction ID : SE.4586
Date of Disbursement or Obligation
06 / 15 / 2015
Office Sought: House District: 00
President Senate State: NJ
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1876.28
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 375.13
City AKRON State OH Zip Code 44333	Transaction ID : SE.4587 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 911.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3643.60
City AKRON State OH Zip Code 44333	Transaction ID : SE.4588 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 8850.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4018.73
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 4296.55
Date of Public Distribution/Dissemination 06/01/2015
Amount 1768.80
Transaction ID: SE.4589
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 310.65
Date of Public Distribution/Dissemination 06/01/2015
Amount 127.89
Transaction ID: SE.4590
Date of Disbursement or Obligation 06/15/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1896.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2124.79
City AKRON State OH Zip Code 44333	Transaction ID : SE.4591 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 5161.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 685.39
City AKRON State OH Zip Code 44333	Transaction ID : SE.4592 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 1664.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2810.18
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 722.06
City AKRON State OH Zip Code 44333	Transaction ID : SE.4593 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 1753.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2396.00
City AKRON State OH Zip Code 44333	Transaction ID : SE.4594 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 5820.07	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3118.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 199.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4595
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>
Calendar Year-To-Date Per Election for Office Sought 484.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 863.82	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4596
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>
Calendar Year-To-Date Per Election for Office Sought 2098.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1063.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[Empty Box]
(c) TOTAL Independent Expenditures..... ▶	[Empty Box]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date **01 / 17 / 2016**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 149.05
City AKRON State OH Zip Code 44333	Transaction ID : SE.4597
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
362.05	362.05

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1178.88
City AKRON State OH Zip Code 44333	Transaction ID : SE.4598
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 15 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
2863.59	2863.59

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1327.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **01 / 17 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4492.08
City AKRON State OH Zip Code 44333	Transaction ID : SE.4599 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 10911.59	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 464.93
City AKRON State OH Zip Code 44333	Transaction ID : SE.4600 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1129.36	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4957.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 120.12
City AKRON State OH Zip Code 44333	Transaction ID : SE.4601 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 291.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1498.58
City AKRON State OH Zip Code 44333	Transaction ID : SE.4602 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 3640.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1618.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1259.79
City AKRON State OH Zip Code 44333	Transaction ID : SE.4603 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought 3060.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 352.99
City AKRON State OH Zip Code 44333	Transaction ID : SE.4604 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>
Calendar Year-To-Date Per Election for Office Sought 857.45	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1612.78
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE
Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M 1052.70
City AKRON State OH Zip Code 44333	Transaction ID : SE.4605 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M 2557.09	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount M M M M M M 103.99
City AKRON State OH Zip Code 44333	Transaction ID : SE.4606 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M 252.60	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M M M M M 1156.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M
(c) TOTAL Independent Expenditures..... ▶	M M M M M M

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 123.06
City AKRON State OH Zip Code 44333	Transaction ID : SE.4607 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 15 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 298.92	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 552.84
City AKRON State OH Zip Code 44333	Transaction ID : SE.4608 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 2695.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	675.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 391.89
Date of Public Distribution/Dissemination 06/01/2015
Amount 80.36
Transaction ID: SE.4609
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 3562.80
Date of Public Distribution/Dissemination 06/01/2015
Amount 730.59
Transaction ID: SE.4610
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 810.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1633.84

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
335.04
Transaction ID : SE.4611
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
20845.56

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
4274.61
Transaction ID : SE.4612
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: CA
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 4609.65
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
584.59
Transaction ID : SE.4613
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
CO

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
2850.82
Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
417.74
Transaction ID : SE.4614
Date of Disbursement or Obligation
06 / 18 / 2015

Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Office Sought:
President
Senate
State:
CT

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1002.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE

[Electronically Filed]

Date

01 / 17 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 105.66
City AKRON State OH Zip Code 44333	Transaction ID : SE.4615 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought 515.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2265.62
City AKRON State OH Zip Code 44333	Transaction ID : SE.4616 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 11048.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2371.28
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 5373.00
Date of Public Distribution/Dissemination 06/01/2015
Amount 1101.79
Transaction ID: SE.4617
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 784.98
Date of Public Distribution/Dissemination 06/01/2015
Amount 160.97
Transaction ID: SE.4618
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1262.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 174.00	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4619
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought 848.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 1469.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4620
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 7166.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1643.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 739.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4621 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 3608.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 351.65
City AKRON State OH Zip Code 44333	Transaction ID : SE.4622 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1714.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1091.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 322.97
City AKRON State OH Zip Code 44333	Transaction ID : SE.4623 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 1575.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 503.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.4624 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 2455.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	826.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 519.91
City AKRON State OH Zip Code 44333	Transaction ID : SE.4625 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2535.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 159.28
City AKRON State OH Zip Code 44333	Transaction ID : SE.4626 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 776.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	679.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 674.08	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4627
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MD</u>
Calendar Year-To-Date Per Election for Office Sought 3287.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 779.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4628
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought 3801.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1453.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date MM / DD / YYYY
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
5560.06

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
1140.15
Transaction ID : SE.4629
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought:
House District: 00
President Senate State: MI
Disbursement For:
Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
2983.31

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
611.76
Transaction ID : SE.4630
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought:
House District: 00
President Senate State: MN
Disbursement For:
Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 1751.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 335.15	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4631
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought 1634.39		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 691.66	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4632
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought 3372.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1026.81
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 116.69	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4633
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 569.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 207.95	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4634
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought 1014.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	324.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1019.52
City AKRON State OH Zip Code 44333	Transaction ID : SE.4637 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 4971.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 235.06
City AKRON State OH Zip Code 44333	Transaction ID : SE.4638 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 1146.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1254.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
Signature

[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 11133.65
Date of Public Distribution/Dissemination 06/01/2015
Amount 2283.08
Transaction ID: SE.4639
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 5404.88
Date of Public Distribution/Dissemination 06/01/2015
Amount 1108.33
Transaction ID: SE.4640
Date of Disbursement or Obligation 06/18/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3391.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 80.13
City AKRON State OH Zip Code 44333	Transaction ID : SE.4641 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 390.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1331.39
City AKRON State OH Zip Code 44333	Transaction ID : SE.4642 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 6492.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1411.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 429.47
City AKRON State OH Zip Code 44333	Transaction ID : SE.4643 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought 2094.34	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 452.44
City AKRON State OH Zip Code 44333	Transaction ID : SE.4644 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 2206.38	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	881.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1501.34
City AKRON State OH Zip Code 44333	Transaction ID : SE.4645 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought 7321.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 125.10
City AKRON State OH Zip Code 44333	Transaction ID : SE.4646 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: 00 State: RI
Calendar Year-To-Date Per Election for Office Sought 610.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1626.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 541.27
City AKRON State OH Zip Code 44333	Transaction ID : SE.4647
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2639.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 93.39
City AKRON State OH Zip Code 44333	Transaction ID : SE.4648
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 455.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	634.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 738.69
City AKRON State OH Zip Code 44333	Transaction ID : SE.4649 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought 3602.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 2814.74
City AKRON State OH Zip Code 44333	Transaction ID : SE.4650 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought 13726.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3553.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 291.33
City AKRON State OH Zip Code 44333	Transaction ID : SE.4651 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1420.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 75.27
City AKRON State OH Zip Code 44333	Transaction ID : SE.4652 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 367.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	366.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 939.01	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4653
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought 4579.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2015	
Mailing Address 325 SPRINGSIDE DR		Amount 789.39	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4654
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 3849.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1728.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **01 / 17 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 221.19
City AKRON State OH Zip Code 44333	Transaction ID : SE.4655 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 1078.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 01 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 659.63
City AKRON State OH Zip Code 44333	Transaction ID : SE.4656 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 18 / 2015
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 3216.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	880.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
317.76

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
65.16
Transaction ID : SE.4657
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: WY
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DR
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/
Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
376.03

Date of Public Distribution/Dissemination
06 / 01 / 2015
Amount
77.11
Transaction ID : SE.4658
Date of Disbursement or Obligation
06 / 18 / 2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 142.27
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2695.98

Date of Public Distribution/Dissemination 06/23/2015
Amount 3093.19
Transaction ID : SE.4332
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: AL
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 391.89

Date of Public Distribution/Dissemination 06/23/2015
Amount 449.62
Transaction ID : SE.4333
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: AK
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 3562.80
Date of Public Distribution/Dissemination 06/23/2015
Amount 4087.72
Transaction ID: SE.4334
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 1633.84
Date of Public Distribution/Dissemination 06/23/2015
Amount 1874.55
Transaction ID: SE.4335
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 23916.75
City AKRON State OH Zip Code 44333	Transaction ID : SE.4336 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CA
Calendar Year-To-Date Per Election for Office Sought 20845.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3270.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4337 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CO
Calendar Year-To-Date Per Election for Office Sought 2850.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M / D D / Y Y Y Y Y Y 01 / 17 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 2037.16

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
2337.31
Transaction ID : SE.4338
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: CT
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 515.25

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
591.16
Transaction ID : SE.4339
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: DE
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 376.03

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
431.43
Transaction ID : SE.4340
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: DC
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 11048.51

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
12676.31
Transaction ID : SE.4341
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: FL
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
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Date 01 / 17 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: House Senate State: GA
Disbursement For: Primary General 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Office Sought: House Senate State: HI
Disbursement For: Primary General 2016

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Date 01 / 17 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 848.54

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
973.56
Transaction ID : SE.4344
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: ID
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 7166.94

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
8222.86
Transaction ID : SE.4345
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: IL
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 3608.23
Date of Public Distribution/Dissemination 06/23/2015
Amount 4139.84
Transaction ID: SE.4346
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 1714.84
Date of Public Distribution/Dissemination 06/23/2015
Amount 1967.48
Transaction ID: SE.4347
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1575.01

Date of Public Distribution/Dissemination 06/23/2015
Amount 1807.07
Transaction ID : SE.4348
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: KS
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2455.99

Date of Public Distribution/Dissemination 06/23/2015
Amount 2817.84
Transaction ID : SE.4349
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: KY
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 2535.38
Date of Public Distribution/Dissemination 06/23/2015
Amount 2908.92
Transaction ID: SE.4350
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 776.73
Date of Public Distribution/Dissemination 06/23/2015
Amount 891.17
Transaction ID: SE.4351
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3771.52
City AKRON State OH Zip Code 44333	Transaction ID : SE.4352 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought 3287.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4361.33
City AKRON State OH Zip Code 44333	Transaction ID : SE.4353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MA
Calendar Year-To-Date Per Election for Office Sought 3801.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M / D D / Y Y Y Y Y Y 01 / 17 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 6379.24
City AKRON State OH Zip Code 44333	Transaction ID : SE.4354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MI
Calendar Year-To-Date Per Election for Office Sought 5560.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3422.85
City AKRON State OH Zip Code 44333	Transaction ID : SE.4355 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MN
Calendar Year-To-Date Per Election for Office Sought 2983.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1634.39

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1875.20
Transaction ID : SE.4356
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MS
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 3372.96

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
3869.91
Transaction ID : SE.4357
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: MO
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 569.06
Date of Public Distribution/Dissemination 06/23/2015
Amount 652.91
Transaction ID: SE.4358
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 1014.09
Date of Public Distribution/Dissemination 06/23/2015
Amount 1163.50
Transaction ID: SE.4359
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1733.20
City AKRON State OH Zip Code 44333	Transaction ID : SE.4360 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought 1510.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 873.70
City AKRON State OH Zip Code 44333	Transaction ID : SE.4361 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought 761.51	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5704.29
City AKRON State OH Zip Code 44333	Transaction ID : SE.4362 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought 4971.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 1315.17
City AKRON State OH Zip Code 44333	Transaction ID : SE.4363 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought 1146.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 11133.65

Date of Public Distribution/Dissemination 06/23/2015
Amount 12774.00
Transaction ID : SE.4364
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NY
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 5404.88

Date of Public Distribution/Dissemination 06/23/2015
Amount 6201.20
Transaction ID : SE.4365
Date of Disbursement or Obligation 06/23/2015
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 390.78
Date of Public Distribution/Dissemination 06/23/2015
Amount 448.36
Transaction ID: SE.4366
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 6492.67
Date of Public Distribution/Dissemination 06/23/2015
Amount 7449.25
Transaction ID: SE.4367
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2094.34

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
2402.91
Transaction ID : SE.4368
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: OK
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON Support Oppose
Calendar Year-To-Date Per Election for Office Sought 2206.38

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
2531.45
Transaction ID : SE.4369
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: OR
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01 / 17 / 2016
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 7321.41

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
8400.09
Transaction ID : SE.4370
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: PA
Disbursement For: Primary General
2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 610.08

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
699.97
Transaction ID : SE.4371
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: RI
Disbursement For: Primary General
2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 3028.45
City AKRON State OH Zip Code 44333	Transaction ID : SE.4372
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2639.56	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 522.54
City AKRON State OH Zip Code 44333	Transaction ID : SE.4373
Purpose of Expenditure VOTER CONTACT CALLS	Date of Disbursement or Obligation MM / DD / YYYY 06 / 23 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	Category/Type 004
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 455.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date MM / DD / YYYY 01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4133.02
City AKRON State OH Zip Code 44333	Transaction ID : SE.4374 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 3602.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 15748.66
City AKRON State OH Zip Code 44333	Transaction ID : SE.4375 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 13726.33	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 1420.69
Date of Public Distribution/Dissemination 06/23/2015
Amount 1630.00
Transaction ID: SE.4376
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON Support Oppose Office Sought: President Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 367.05
Date of Public Distribution/Dissemination 06/23/2015
Amount 421.12
Transaction ID: SE.4377
Date of Disbursement or Obligation 06/23/2015
Disbursement For: Primary General 2016 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE [Electronically Filed] Date 01/17/2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 5253.82
City AKRON State OH Zip Code 44333	Transaction ID : SE.4378 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: VA
Calendar Year-To-Date Per Election for Office Sought 4579.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 4416.67
City AKRON State OH Zip Code 44333	Transaction ID : SE.4379 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WA
Calendar Year-To-Date Per Election for Office Sought 3849.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
01 / 17 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1078.64

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
1237.55
Transaction ID : SE.4380
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: WV
Disbursement For: Primary General 2016
Other (specify)

Full Name of Payee
INFOCISION MANAGEMENT CORP
MEMO ITEM
Mailing Address 325 SPRINGSIDE DR
City AKRON State OH Zip Code 44333
Purpose of Expenditure
VOTER CONTACT CALLS
Category/Type 004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 3216.72

Date of Public Distribution/Dissemination
06 / 23 / 2015
Amount
3690.65
Transaction ID : SE.4381
Date of Disbursement or Obligation
06 / 23 / 2015
Office Sought: House District: 00
President Senate State: WI
Disbursement For: Primary General 2016
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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SCOTT B MACKENZIE
[Electronically Filed]
Date 01 / 17 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Mailing Address 325 SPRINGSIDE DR	Amount 364.58
City State Zip Code AKRON OH 44333	Transaction ID : SE.4382 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2015
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: <u>00</u> State: <u>WY</u>
Calendar Year-To-Date Per Election for Office Sought 317.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	174317.40

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SCOTT B MACKENZIE

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