01/14/2016 23 : 39

Image# 201601149004501897 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)		TUNES		PAGE 1 OF 26 FOR SE OF FORM 24/48
				F	FEC IDENTIFICATION NUMBER V
	EA PARTY MAJORITY FUND				C C00566174
Ch	eck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT CO	ORP		М	f Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Amoun	01 12 2016 t
	City	State	Zip Code 44333	Transa	6186.37
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	Date of	f Disbursement or Obligation M / D D / Y Y Y Y 01 12 2016
	Name of Federal Candidate		Support	Office Sought:	
	Calendar Year-To-Date Per Election for Office Sought		6186.37	Disbursement 2016	For: Primary X General
	Full Name of Payee INFOCISION MANAGEMENT COR	 ₹P		Date o	her (specify) ► f Public Distribution/Dissemination 01 / Y Y Y Y 12 / 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amoun	it
	City	State	Zip Code		899.24
	AKRON	ОН	44333		tion ID : SE.4157 f Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		D1 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought	: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: <u>AK</u>
	Calendar Year-To-Date Per Election for Office Sought		899.24	Disbursement 2016	For: Primary X General her (specify) ►
	(a) SUBTOTAL of Itemized Independent Expendi	itures			7085.61
	(b) SUBTOTAL of Uniternized Independent Exper	nditures		•• •	
	(c) TOTAL Independent Expenditures			•	
	Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	didate or authorized			
	SCOTT B MACKENZIE	[Electroi	nically Filed] Date	e 01 /	14 2016
	Signature				

Image# 201601149004501898 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)				-	PAGE 2 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				I	ENTIFICATION NUMBER V
Т	EA PARTY MAJORITY FUND				С	200566174
Ch	eck if 24-hour report X 48-hour report	New rep	port Amends repo		/ M /	
	Full Name of Payee	ORP		Date	и м /	Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			— L	01	12 2016
				Amou	unt	
	City	State	Zip Code			8175.44
	AKRON	ОН	44333			D : SE.4158 rsement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	12 / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate State: AZ
	Calendar Year-To-Date Per Election for Office Sought		8175.44	Disbursemer 2016	nt For: Other (spe	Primary X General ecify) ►
	Full Name of Payee INFOCISION MANAGEMENT CO	RP			of Public	Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			L	01	12 2016
	325 SPRINGSIDE DRIVE			Amou	unt	
	City	State	Zip Code			3749.10
	AKRON	ОН	44333			: SE.4159 rsement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sougl	ht:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		3749.10	Disbursemen 2016	nt For: Other (sp	Primary X General
	(a) SUBTOTAL of Itemized Independent Expen	ditures		• •	-7	11924.54
	(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	-7-	т. т. т. т. т. т. т. т. т
1	(c) TOTAL Independent Expenditures			•		· · · · · · · ·
١	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee c	ndidate or authorize				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01 /	D D 14	/ Y Y Y Y Y 2016
	Signature					

Image# 201601149004501899 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 3 OF 26 FOR SE OF FORM 24/48
	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	C C00566174
Check if 24-hour report X 48-hour report New report Amends report file	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE	01122016 Amount
City State Zip Code	47833.48
AKRON OH 44333	Transaction ID : SE.4160 Date of Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	M M / D D / Y Y Y Y 12 / 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 47833.48	bursement For: Primary X General 6 Other (specify) ►
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE	01122016
City State Zip Code AKRON OH 44333	6541.69 Transaction ID : SE.4161
	Date of Disbursement or Obligation
VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004	01 / D D / Y Y Y Y 2016
	ce Sought: House District: 00
HILLARY RODHAM CLINTON	Yeresident Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary X General I6 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	54375.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date	01 14 2016
Signature	

Image# 201601149004501900 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBE TEA PARTY MAJORITY FUND C C00566174 Check if 24-hour report X 48-hour report Full Name of Payee Date of Public Distribution/Dissemination	R ▼
C C00566174 Check if 24-hour report X 48-hour report New report Amends report filed on / / / / / / / / / / / / / / / / / /	- Y on
Check if 24-hour report X 48-hour report New report Amends report filed on / / / / / / / / / / / / / / / / / /	on
Check if 24-hour report X 48-hour report New report Amends report filed on Late of Public Distribution/Dissemination	on
Full Name of Payee Date of Public Distribution/Dissemination	on Y
	_
Mailing Address 325 SPRINGSIDE DRIVE Amount	
City State Zip Code 4674.	62
AKRON OH 44333 Transaction ID : SE.4162 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ 004 VOTER CONTACT OVER SEVERAL WEEKS Category/ 004	Y
Name of Federal Candidate Support Office Sought: House District:	00
HILLARY RODHAM CLINTON	
Calendar Year-To-Date Disbursement For: Primary ∑ Gen Per Election for Office Sought 4674.62 Other (specify) ▶	ieral
Full Name of Payee Date of Public Distribution/Disseminat INFOCISION MANAGEMENT CORP Date of Public Distribution/Disseminat	
01 12 2016	Y
Mailing Address 325 SPRINGSIDE DRIVE Amount	
City State Zip Code 1182.3	2
AKRON OH 44333 Transaction ID : SE.4163 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ 004 VOTER CONTACT OVER SEVERAL WEEKS Category/ 004	Y
Name of Federal Candidate Support Office Sought: House District:	00
HILLARY RODHAM CLINTON	DE
Calendar Year-To-Date Disbursement For: Primary X Ge Per Election for Office Sought 1182.32 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	П
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con 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 poli party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01 14 2016	
Signature	

Image# 201601149004501901 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)				PAGE 5 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T	EA PARTY MAJORITY FUND				
					C C00566174
Che	eck if 24-hour report X 48-hour rep	port X New rep	port Amends repo		M / D D / Y Y Y Y Y Y
	Full Name of Payee INFOCISION MANAGEMENT				of Public Distribution/Dissemination
					01 / 12 / 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amour	nt
	City	State	Zip Code		25352.62
	AKRON	ОН	44333		action ID : SE.4164 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	<s< td=""><td>Category/ Type 004</td><td>M</td><td>01 / D D / Y Y Y Y 2016</td></s<>	Category/ Type 004	M	01 / D D / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	
	Calendar Year-To-Date Per Election for Office Sought		25352.62	Disbursement 2016	t For: Primary ther (specify) ▶
	Full Name of Payee	ORP			of Public Distribution/Dissemination
					01 12 2016
	Mailing Address 325 SPRINGSIDE DRIV	E		Amou	nt
	City	State	Zip Code		12329.25
	AKRON	ОН	44333		ction ID : SE.4165 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEE	ĸs	Category/ Type 004	M	01 / D D / Y Y Y Y 01 / 12 / 2016
	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	
	Calendar Year-To-Date Per Election for Office Sought		12329.25	Disbursemen 2016	t For: Primary X General ther (specify) ►
	(a) SUBTOTAL of Itomized Independent Ev	aandituraa			27004.07
	(a) SUBTOTAL of Itemized Independent Exp	Jenulures			37681.87
	(b) SUBTOTAL of Uniternized Independent	Expenditures		•	
	(c) TOTAL Independent Expenditures			•	
١	Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committe	candidate or authorize			
	SCOTT B MACKENZIE	[Electro	nically Filed] Date	01 ×	14 2016
	Signature				

Image# 201601149004501902 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	hedule E)				PAGE 6 OF 26 FOR SE OF FORM 24/48		
	NAME OF COMMITTEE (In Full)						
Т	EA PARTY MAJORITY FUND						
					C C00566174		
Ch	eck if 24-hour report X 48-hour report	ort 🔀 New rep	ort Amends repo		M / D D / Y Y Y Y Y		
	Full Name of Payee INFOCISION MANAGEMENT	CORP			f Public Distribution/Dissemination		
					01 / D D / Y Y Y Y 12 2016		
	Mailing Address 325 SPRINGSIDE DRIVE			Amoun	t		
	City	State	Zip Code		1801.26		
	AKRON	OH	44333		ction ID : SE.4166 f Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	S	Category/ Type 004	M	01 / D D / Y Y Y Y 12 / 2016		
	Name of Federal Candidate		Support	Office Sought:	: House District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Presider	nt Senate State: <u>HI</u>		
	Calendar Year-To-Date Per Election for Office Sought	7 7	1801.26	Disbursement 2016	For: Primary		
	Full Name of Payee			Date o	f Public Distribution/Dissemination		
	INFOCISION MANAGEMENT C	ORP			01 / D D / Y Y Y Y 2016		
	Mailing Address 325 SPRINGSIDE DRIVE						
				Amoun	.π 		
	City	State	Zip Code		1947.12		
	AKRON	ОН	44333		ction ID : SE.4167 f Disbursement or Obligation		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	.S	Category/ Type 004	М	01 / D / Y Y Y 2016		
	Name of Federal Candidate		Support	Office Sought	: House District: 00		
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt Senate State: ID		
	Calendar Year-To-Date Per Election for Office Sought		1947.12	Disbursement 2016	For: Primary X General her (specify) ►		
	(a) SUBTOTAL of Itemized Independent Exp	enditures		• •	3748.38		
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		•			
	(c) TOTAL Independent Expenditures						
				·	-71 -71 -71		
,	Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized					
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	e 01 /	14 2016		
	Signature						

Image# 201601149004501903 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Scł	nedule E)					AGE 7 OF 20 DR SE OF FORM 24/48	
	IE OF COMMITTEE (In Full)						
TE	A PARTY MAJORITY FUND					0566174	
					C CO	0500174	
Che	ck if24-hour report48-hour report	t 🗙 New rep	port Amends repo		M /		Y
Τ	Full Name of Payee INFOCISION MANAGEMENT (CORP		М	M /	istribution/Disseminatio	n Y
	Mailing Address 325 SPRINGSIDE DRIVE			Amoun	01 nt	12 2016	_
	City	State	Zip Code			16445.7	22
	City AKRON	OH	44333		action ID : f Disburse		3
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	D D / Y Y Y 12 / 2016	Y
	Name of Federal Candidate		Support	Office Sought	:	House District: 00	0
	HILLARY RODHAM CLINTON		X Oppose	X Preside	nt	Senate State: <u>IL</u>	
	Calendar Year-To-Date Per Election for Office Sought		16445.73	Disbursement 2016	For:	_ Primary K Gene fy) ►	eral
Γ	Full Name of Payee	DRP				istribution/Disseminatio	
-	Molling Address				01	12 2016	
	Mailing Address 325 SPRINGSIDE DRIVE			Amour	nt		
	City	State	Zip Code			8279.67	<u> </u>
	AKRON	OH	44333		ction ID : \$	SE.4169 ement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	М	01	D 12 / Y Y Y 12 / 2016	Y
	Name of Federal Candidate		Support	Office Sought	t:	House District: 0	0
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent	Senate State:	١
	Calendar Year-To-Date Per Election for Office Sought		8279.67	Disbursement 2016	t For:	Primary X Gene	eral
┍┶					- (<i></i>	
(8	a) SUBTOTAL of Itemized Independent Exper	nditures		•		24725.40	
(1	b) SUBTOTAL of Uniternized Independent Ex	penditures		•			
(0	c) TOTAL Independent Expenditures						
w	nder penalty of perjury I certify that the inde ith, or at the request or suggestion of, any ca arty committee) any political party committee	andidate or authorized					
	SCOTT B MACKENZIE	[Electroi	ically Filed] Date	e 01	D D / 14	2016	
	Signature						

Image# 201601149004501904 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	hedule E)				PAGE 8 OF 26 FOR SE OF FORM 24/48
				FE	C IDENTIFICATION NUMBER V
	EA PARTY MAJORITY FUND			C	C 00566174
_					
Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	Full Name of Payee	`ORP		Date of P	ublic Distribution/Dissemination
				01	12 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amount	
	City	State	Zip Code		3934.97
	AKRON	OH	44333		on ID : SE.4170 Visbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	01	1 / D D / Y Y Y Y 12 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: <u>IA</u>
	Calendar Year-To-Date		3934.97	Disbursement Fo	or: Primary X General
	Per Election for Office Sought		0004.07		· (specify) ►
	Full Name of Payee INFOCISION MANAGEMENT CO	RP		Date of F	Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			01	12 2016
	325 SPRINGSIDE DRIVE			Amount	
	City	State	Zip Code		3614.13
	AKRON	OH	44333		on ID : SE.4171 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		3614.13	Disbursement Fo	or: Primary X General
				Othe	r (specify) ►
	(a) SUBTOTAL of Itemized Independent Expen	ditures		•	7549.10
	(b) SUBTOTAL of Uniternized Independent Exp	enditures		•	7
	(c) TOTAL Independent Expenditures				
	·				-47-1-1-47-1-1-47-1
,	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
	SCOTT B MACKENZIE	[Elaster-	ically Filed]	M / D	
	Signature	[Electron	<i>ically Filed]</i> Date	01	2016
-					

Image# 201601149004501905 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)				PAGE 9 OF 26 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					
TE	EA PARTY MAJORITY FUND					<u> </u>
					C C00566174	
Che	eck if24-hour report48-hour report	rt 🔀 New rep	port Amends repo			Y
	Full Name of Payee INFOCISION MANAGEMENT	CORP		М	of Public Distribution/Dissemination) Y
	Mailing Address 325 SPRINGSIDE DRIVE			Amoun	01 12 2016 nt	
	City	State	Zip Code		5635.67	7
	AKRON	ОН	44333		action ID : SE.4172 of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	3	Category/ Type 004		01 / D D / Y Y Y 12 / 2016	Y
	Name of Federal Candidate		Support	Office Sought	t: House District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Preside		
	Calendar Year-To-Date Per Election for Office Sought		5635.67	Disbursement 2016	t For: Primary	ral
	Full Name of Payee	ORP		M	of Public Distribution/Dissemination	
	Mailing Address 325 SPRINGSIDE DRIVE			Amour	01 12 2016	
						-
	City	State	Zip Code		5817.85	
	AKRON	ОН	44333		ction ID : SE.4173 of Disbursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	3	Category/ Type 004		01 ^M / 12 ^D / 2016	Y
	Name of Federal Candidate		Support	Office Sought	t: House District: 00)
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State: LA	
	Calendar Year-To-Date Per Election for Office Sought		5817.85	Disbursement 2016	t For: Primary	eral
	a) SUBTOTAL of Itemized Independent Expe	andituraa			1115252	
	a) SUBTOTAL OF REINIZED INdependent Expe	nultures			11453.52	_
(b) SUBTOTAL of Unitemized Independent Ex	(penditures		• •		
(c) TOTAL Independent Expenditures			•		
v	Under penalty of perjury I certify that the inde- vith, or at the request or suggestion of, any c arty committee) any political party committee	andidate or authorized				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01 /	14 2016	
	Signature					

Image# 201601149004501906 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 10 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER V
TEA PARTY MAJORITY FUND	C00566174
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Date of Public INFOCISION MANAGEMENT CORP 01	C Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE Amount	12 2016
City State Zip Code	1782.35
AKRON OH 44333 Transaction I	ID: SE.4174 ursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	
Name of Federal Candidate Support Office Sought:	House District: 00
HILLARY RODHAM CLINTON	Senate State: ME
Calendar Year-To-Date Disbursement For: 2016 Other (sp	Primary X General
Full Name of Payee Date of Public INFOCISION MANAGEMENT CORP Multiple	c Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE	12 2016
Amount	
City State Zip Code	7543.04
AKRON OH 44333 Transaction ID Date of Disbu	D : SE.4175 ursement or Obligation
Purpose of Expenditure Category/ 004 VOTER CONTACT OVER SEVERAL WEEKS 01	/ <u>12</u> / <u>2016</u>
Name of Federal Candidate Support Office Sought:	House District: 00
HILLARY RODHAM CLINTON X Oppose President	Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 7543.04 Disbursement For: 2016 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	9325.39
(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 cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the repor- party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01 14	/ Y Y Y Y
[Electronically Filed] Date 01 14	2016

Image# 201601149004501907 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 11 OF 26 FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)								
TEA PARTY MAJORITY FUND								
	0 00000							
Check if24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y							
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination							
Mailing Address 325 SPRINGSIDE DRIVE	01 12 2016 Amount							
City State Zip Code	8722.67							
AKRON OH 44333	Transaction ID : SE.4176 Date of Disbursement or Obligation							
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	01 / D D / Y Y Y Y 01 12 2016							
Name of Federal Candidate Support Office	e Sought: House District: 00							
	President Senate State: MA							
Calendar Year-To-Date Disbu Per Election for Office Sought 8722.67 2016	ursement For: Primary X General Other (specify) ►							
Full Name of Payee	Date of Public Distribution/Dissemination							
INFOCISION MANAGEMENT CORP	01 / D D / Y Y Y Y Y 01 12 2016							
Mailing Address 325 SPRINGSIDE DRIVE	Amount							
	40750.40							
CityStateZip CodeAKRONOH44333	12758.48 Transaction ID : SE.4177 Date of Disbursement or Obligation							
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	$\begin{array}{c c} & \text{Disbursement of Obligation} \\ & \text{O1} \\ & \text$							
Name of Federal Candidate Office	e Sought: House District: 00							
HILLARY RODHAM CLINTON	President Senate State: MI							
Calendar Year-To-Date Disb Per Election for Office Sought 12758.48	Ursement For: Primary X General							
(a) SUBTOTAL of Itemized Independent Expenditures	21481.15							
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.								
SCOTT B MACKENZIE [Electronically Filed] Date	01 14 2016							
Signature								

Image# 201601149004501908 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 12 OF 26 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	•
TEA PARTY MAJORITY FUND	C C00566174	Ť.
Check if 24-hour report X 48-hour report X New	report Amends report filed on / D D / Y Y Y	Y
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination	Y
Mailing Address 325 SPRINGSIDE DRIVE	01 12 2016	
	Amount	
City State	Zip Code 6845.70)
AKRON OH	44333 Transaction ID : SE.4178 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004 01 12 2016	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
HILLARY RODHAM CLINTON	Oppose President Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought	6845.70 Disbursement For: Primary ∑ Gener 2016 Other (specify) ▶	al
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination	
Mailing Address 325 SPRINGSIDE DRIVE	01 12 2016	
Maning Address 325 SPRINGSIDE DRIVE	Amount	
City State	Zip Code 3750.39	٦
AKRON OH	44333 Transaction ID : SE.4179 Date of Disbursement or Obligation	
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004 01 01 01 0 00 00 01 00 00 00 00 00 00 0	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
HILLARY RODHAM CLINTON	Oppose President Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	3750.39 Disbursement For: Primary X Gener Other (specify) ▶	ral
		_
(a) SUBTOTAL of Itemized Independent Expenditures	10596.09	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures		٦
	ures reported herein were not made in cooperation, consultation, or concerrized committee or agent of either, or (if the reporting entity is not a politication)	
SCOTT B MACKENZIE [Elect	ctronically Filed] Date 01 14 2016	
Signature		

Image# 201601149004501909 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)			-	PAGE 13 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			1	ENTIFICATION NUMBER V
Т	EA PARTY MAJORITY FUND				200566174
				C	500506174
Ch	eck if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		M = M /	Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			01 Amount	12 2016
	City	State	Zip Code		7739.82
	City AKRON	OH	44333	Transaction II Date of Disbur	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	01	D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: <u>MO</u>
	Calendar Year-To-Date Per Election for Office Sought		7739.82	Disbursement For: 2016 Other (spe	Primary X General ecify) ►
	Full Name of Payee	RP		M M /	Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			01 Amount	12 2016
	City	State	Zip Code		1305.82
	AKRON	OH	44333	Transaction ID Date of Disbu	rsement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	01 /	12 / Y Y Y Y 2016
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: MT
	Calendar Year-To-Date Per Election for Office Sought		1305.82	Disbursement For: 2016 Other (spe	Primary X General
	(a) SUBTOTAL of Itemized Independent Expendent	ditures			9045.64
	(b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	
	(c) TOTAL Independent Expenditures			•	· · · · · · · ·
`	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
	SCOTT B MACKENZIE	[Electron	<i>tically Filed]</i> Date	01 / D D	2016
	Signature				

Image# 201601149004501910 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)					PAGE 14 FOR SE OF	OF 26 FORM 24/48
	ME OF COMMITTEE (In Full)				I		
Т	EA PARTY MAJORITY FUND				Cc	00566174	
Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo		M = M /	D D /	Y . Y . Y . Y
	Full Name of Payee INFOCISION MANAGEMENT (ORP		_	of Public I	Distribution/I	Dissemination 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amou		12	2010
	City	State	Zip Code				2327.00
	AKRON	ОН	44333			: SE.4182 sement or O	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	D D / 12	2016 Y
	Name of Federal Candidate		Support	Office Soug	ht:	House I	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presic		Senate	State: NE
	Calendar Year-To-Date Per Election for Office Sought		2327.00	2016	nt For:	Primary cify) ▶	X General
	Full Name of Payee INFOCISION MANAGEMENT CO	RP		Date	M M /	D D /	Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Amo	01 unt	12	2016
	City	State	Zip Code				3466.41
	AKRON	OH	44333		action ID : of Disburs	: SE.4183 sement or C	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		M 01 /	D D / 12	2016
	Name of Federal Candidate		Support	Office Soug	ht:	House	District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	lent	Senate	State: <u>NV</u>
	Calendar Year-To-Date Per Election for Office Sought		3466.41	Disburseme 2016	nt For:	Primary cify) ►	K General
	(a) SUBTOTAL of Itemized Independent Exper	ditures			-7-	-7-	5793.41
	(b) SUBTOTAL of Uniternized Independent Exp	penditures		• •	-7-	-7-	
	(c) TOTAL Independent Expenditures						
١	Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized	•				
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Date	• 01 /	D D 14	/ Y Y 201	Y Y S
	Signature						

Image# 201601149004501911 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 15 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
TEA PARTY MAJORITY FUND	C C00566174
	0 00000174
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE	01 12 2016 Amount
City State Zip Code	1747.40
AKRON OH 44333	Transaction ID : SE.4184 Date of Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	01 / D D / Y Y Y Y 2016
Name of Federal Candidate Support Office	Sought: House District: 00
	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 1747.40 Disbur 2016	sement For: Primary X General Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	01 12 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount
City State Zip Code	11408.59
	Fransaction ID : SE.4185 Date of Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	M 01 / D D / Y Y Y Y 2016
Name of Federal Candidate Support Office	Sought: House District: 00
HILLARY RODHAM CLINTON	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 11408.59 Disbur 2016	sement For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	13155.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01	M / D D / Y Y Y Y 14 2016
Signature	

Image# 201601149004501912 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)					PAGE 16 OF 26 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)				FEC ID		•
Т	EA PARTY MAJORITY FUND						
					C	C00566174	4
Ch	eck if24-hour report48-hour report	t 🗙 New rep	oort Amends repo		M = M /		Ý
	Full Name of Payee INFOCISION MANAGEMENT (CORP			M = M /	Distribution/Dissemination	
	Mailing Address 325 SPRINGSIDE DRIVE			Amou	01 unt	12 2016	
	City	State	Zip Code			2630.35	
	AKRON	OH	44333			D : SE.4186 rsement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01 /	D D / Y Y Y 12 / 2016	Y
	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Presic		Senate State: NM	
	Calendar Year-To-Date Per Election for Office Sought		2630.35	Disbursemen 2016	nt For: Other (sp	Primary X Gener ecify) ▶	al
	Full Name of Payee)RP		_		c Distribution/Dissemination	_
					01	12 / Y Y Y 2016	Y
	Mailing Address 325 SPRINGSIDE DRIVE			Amo	unt		
	City	State	Zip Code			25547.99	٦
	AKRON	ОН	44333) : SE.4187 Irsement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01	12 / Y Y Y 2016	Y
	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Presid	dent	Senate State: NY	
	Calendar Year-To-Date Per Election for Office Sought		25547.99	Disburseme 2016	nt For: Other (sp	Primary X Gener	ral
	(a) SUBTOTAL of Itemized Independent Exper	nditures		_		28178.34	-
					-7-		
	(b) SUBTOTAL of Uniternized Independent Exp	penditures		••	-7-		
	(c) TOTAL Independent Expenditures			•			
,	Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorized	•				
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01	D D D 14	/ Y Y Y Y 2016	
	Signature						

Image# 201601149004501913 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 17 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
TEA PARTY MAJORITY FUND	C C00566174
	0 00000174
Check if 24-hour report X 48-hour report New report Amends report fil	
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE	01 12 2016 Amount
City State Zip Code	12402.39
AKRON OH 44333	Transaction ID : SE.4188 Date of Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	M M / D D / Y Y Y Y 01 12 2016
Name of Federal Candidate Of	fice Sought: House District: 00
	President Senate State: NC
Calendar Year-To-Date Dis Per Election for Office Sought 12402.39	sbursement For: Primary X General 16 Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORP	01 12 2016
Mailing Address 325 SPRINGSIDE DRIVE	
	Amount
City State Zip Code	896.71
AKRON OH 44333	Transaction ID : SE.4189 Date of Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	M 01 / D D / Y Y Y Y Y 2016
Name of Federal Candidate Of	ffice Sought: House District: 00
HILLARY RODHAM CLINTON	X President State: ND
	sbursement For: Primary X General D16 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	13299.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date	01 14 2016
Signature	

Image# 201601149004501914 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Scł	nedule E)				ĺ	PAGE 18 OF 26 FOR SE OF FORM 24/48	
	IE OF COMMITTEE (In Full)				FEC IC	DENTIFICATION NUMBER	-
TE	A PARTY MAJORITY FUND					C00566174	1
						00000174	
Che	ck if 24-hour report X 48-hour report	New rep	port Amends repo		I M /		
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			/ M /	c Distribution/Dissemination	Y
	Mailing Address 325 SPRINGSIDE DRIVE			Amou	01 Int	12 2016	
	City	State	Zip Code			14898.50	٦
	AKRON	ОН	44333			ID: SE.4190 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	N	01 /	12 / Y Y Y Y 2016	Ŷ
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Preside		Senate State: OH	
	Calendar Year-To-Date Per Election for Office Sought	· · · · ·	14898.50	Disbursemen 2016	nt For: Other (sp	Primary X Generation	al
F	Full Name of Payee			Date	of Publi	c Distribution/Dissemination	
	INFOCISION MANAGEMENT CO	RP		7	01	/ D D / Y Y Y Y 12 2016	Y
	Mailing Address 325 SPRINGSIDE DRIVE					2010	_
				Amou	int		
	City	State	Zip Code			4805.82	
	AKRON	OH	44333			D: SE.4191 ursement or Obligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01	/ D D / Y Y Y 12 / 2016	Y
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Presid		Senate State: OK	
	Calendar Year-To-Date Per Election for Office Sought		4805.82	Disbursemer 2016		Primary X Gener	al
┍─└					other (sp	pecify) ►	_
(8	a) SUBTOTAL of Itemized Independent Expendent	ditures		• •	-7-	19704.32	
(k	b) SUBTOTAL of Unitemized Independent Exp	enditures		• •	7		
6	b) TOTAL Independent Expenditures			_			5
w	nder penalty of perjury I certify that the indep ith, or at the request or suggestion of, any car arty committee) any political party committee o	ndidate or authorized					
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01	14	2016	
	Signature						

Image# 201601149004501915 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE IN FUID TEA PARTY MAJORITY FUND PEC IDENTIFICATION NUMBER ¥ Coopering Check if 24-bour report Ashour report Amends report field on 01 100 Full Name of Pages INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissonmination Malling Address VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Date of Public Distribution/Dissonmination City State Zip Code AKRON OH 44333 Name of Edgenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Date of Public Distribution/Dissonmination Calendar Year-To-Date Por Election for Office Sought State Support 004 Distribution/Dissonmination Name of Foderal Candidate HILARY RODHAN CLINTON © Oppose Date of Public Distribution/Dissonmination Full Name of Pages INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissonmation Mailing Address 236 SPRINGSIDE DRIVE Category/ 04 Date of Public Distribution/Dissonmation Mailing Address 236 SPRINGSIDE DRIVE Category/ 04 Date of Public Distribution/Dissonmation Mailing Address 236 SPRINGSIDE DRIVE Category/ 04 Date of Public Distribution/Dissonmation Mailing Address 246 Sought State Zip Code 306 Manut Mare of Foderal Candidate HILLARY ROHAM CLINT	(Sc	hedule E)					PAGE 19 OF 26 FOR SE OF FORM 24/48	
TEA PARTY MAJORITY FUND C coosering Cineck if24-hour report As hour report New report Amends report (lifed on						FEC ID		-
Check if 24-hour report ▲ 48-hour report ▲ Anands report filed on 	T	EA PARTY MAJORITY FUND				_		Ē
Check if 24-hour report X New report Amends report field on Full Name of Payse Date of Public Distribution/Dissemination Naling Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE Oty State Zip Code AKRON OH 44333 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Soft Odd Name of Federal Candidate Support Office Sought House Per Election for Office Sought 5062.30 Data of Distribution/Dissemination Other (Specify) Odd Other (Specify) Data of Distribution/Dissemination Part Election for Office Sought 5062.30 Data of Public Distribution/Dissemination Other (Specify) Full Name of Pagee Part Page INFOCISION MANAGEMENT CORP Data of Public Distribution/Dissemination Other (Specify) Full Name of Pagee Pagee INFOCISION MANAGEMENT CORP Data of Public Distribution/Dissemination Other (Specify) Full Active Category/ VOTER CONTACT OVER SEVERAL WEEKS Category/ Votere Contact of Obligation <t< th=""><th></th><td></td><td></td><td></td><td></td><td>C</td><td>00000174</td><td></td></t<>						C	00000174	
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DRIVE City State Zp Code AKRON OH 44333 Puppes of Expenditure OH Gategory/ VOTER CONTACT OVER SEVERAL WEEKS Category/ OH Calendar Vear-To-Date President OH Part Election for Office Sought Soc2.90 Office Sought Besturement or Obligation Calendar Vear-To-Date President Soc2.90 Other (specify) General Purpose of Expenditure Other (specify) Other (specify) General Calendar Vear-To-Date Soc2.90 Other (specify) General Purpose of Expenditure Other (specify) Date of Public Distribution/Dissemination Oif 12 2016 Anount Oify State Zip Code Anount Oify 12 2016 Anount Oify 12 2016 Anount Oify 12 2016 Anount Oify 0 12 2016 Anount Oify 0 Support <td< th=""><th>Ch</th><th>eck if 24-hour report X 48-hour report</th><th>New rep</th><th>ort Amends repo</th><th></th><th>M /</th><th></th><th></th></td<>	Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo		M /		
Mailing Address 325 SPRINGSIDE DRIVE Amount City State Zip Code ARCN OH 44333 Purpose of Expenditure Other Several WEEKS Cetegory/ Type Od Name of Federal Candidate Support Office Sought 12 2016 Name of Federal Candidate Support Office Sought Huuse District: 00 VOTER CONTACT OVER SEVERAL WEEKS Cetegory/ Type Other Sought Huuse District: 00 Name of Federal Candidate Support Office Sought Senate State: 00 Calendar Year-To-Date President State: Office Sought Date of Public Distruction/Dissemination INFOCISION MANAGEMENT CORP Date of Public Distruction/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Category/ Type Od 01 12 2016 ARRON OH 44333 Transaction ID: SE.4192 Distruction Obligation 01 12 2016 Name of Federal Candidate Support Office Sought Elecontor Obligation 01 12 <th></th> <th>Full Name of Payee INFOCISION MANAGEMENT C</th> <th>ORP</th> <th></th> <th></th> <th>I – M /</th> <th>/ D D / Y Y Y</th> <th>1</th>		Full Name of Payee INFOCISION MANAGEMENT C	ORP			I – M /	/ D D / Y Y Y	1
AKRON OH 44333 Transaction ID: SE.4192 Purpose of Expenditure Category/ Type 00 01 12 2016 Name of Federal Candidate Support Office Sought House District: 00 HILLARY RODHAM CLINTON Calendar Year-To-Date Per Election for Office Sought 5062.90 Disbursement For: Primary General 2016 Other (specify) Full Name of Payce Full Name of Payce Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Disbursement For: Primary General 2016 Category/ 01 12 2016 Name of Federal Candidate OH 44333 Transaction ID : SE.4193 Date of Disbursement or Obligation Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ 1996 04 12 2016 Name of Federal Candidate OH 44333 Transaction ID : SE.4193 Date of Disbursement or Obligation Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ 1996 04 12 2016 Name of Federal Candidate Support Office Sought House District:		Mailing Address 325 SPRINGSIDE DRIVE			Amou		12 2010	1
Purpose of Expenditure Date of Disbursement or Obligation Purpose of Expenditure Other Contract OVER SEVERAL WEEKS Category/ Type 004 01 12 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY ROHAM CLINTON Oppose President Senate State: OR Per Election for Office Sought 5062.90 Disbursement For: Primary Ceneral Purpose of Expenditure Other (specify) > Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination City State Zip Code Amount VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 12 2016 Name of Federal Candidate Support Office Sought House District: 00 HILLARY ROHAM CLINTON Oppose President Senate State: PA Calendar Year-To-Date Pare Election for Office Sought House District: 00 01 12 2016 N		City	State	Zip Code			5062.90	1
VOTER CONTACT OVER SEVERAL WEEKS Callegary 004 01 12 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON X Oppose Disbursement For: President Senate State: 0R Calendar Year-To-Date Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought 5062.90 Disbursement For: Primary General INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 01 <td< th=""><th></th><td></td><td>ОН</td><td>44333</td><td></td><td></td><td></td><td>1</td></td<>			ОН	44333				1
HILLARY RODHAM CLINTON Support Other sought Image: Soug					N	01		1
HILLARY RODHAM CLINTON		Name of Federal Candidate		Support	Office Sough	it:	House District: 00	
Per Election for Office Sought 5062.90 2016 Other (specify) ▶ Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE 01 / 12 / 2016 Mailing Address 325 SPRINGSIDE DRIVE Amount City State Zip Code AKRON OH 44333 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Name of Federal Candidate Support Office Sought: House District: HILLARY RODHAM CLINTON Support Office Sought: House District: 00 Calendar Year-To-Date Disbursement For: Primary General Calendar Year-To-Date Disbursement For: Primary 21863.08 (b) SUBTOTAL of Itemized Independent Expenditures 21863.08 (c) TOTAL Independent Expenditures 21863.08 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		HILLARY RODHAM CLINTON		· · ·			Senate State: OR	_
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE City State Zip Code AKRON OH 44333 Purpose of Expenditure OH 44333 Purpose of Expenditure Category/ 004 VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Name of Federal Candidate Support Office Sought House HILLARY RODHAM CLINTON Oppose President Senate State: Calendar Year-To-Date Disbursement For: Primary General 2016 Other (specify) ▶ (e) Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures 21863.08 (b) SUBTOTAL of Unitemized Independent Expenditures 21863.08 (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 or its agent. SCOTT B MACKENZE [Electronically File				5062.90	2016			
Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE Arrount Image: City AKRON OH 44333 Transaction ID: SE.4193 Date of Disbursement of Obligation VOTER CONTACT OVER SEVERAL WEEKS Category/ Office Sought Odd HILLARY RODHAM CLINTON Support Calendar Year-To-Date Disbursement For: Per Election for Office Sought Disbursement For: Office Sought 16800.18 (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: (b) SUBTOTAL of Unitemized Independent Expenditures 21883.08 (c) TOTAL Independent Expenditures Cather on 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 14 2016					Date	of Publi	c Distribution/Dissemination	
Mailing Address 325 SPRINGSIDE DRIVE Amount Amount City State Zip Code AKRON OH 44333 Purpose of Expenditure OH 44333 Purpose of Expenditure Od4 VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 Name of Federal Candidate Support Office Sought: House HILLARY RODHAM CLINTON Oppose President Senate State: PA Calendar Year-To-Date Per Election for Office Sought 16800.18 Disbursement For: Primary Ceneral (a) SUBTOTAL of Itemized Independent Expenditures 21863.08 (b) SUBTOTAL of Unitemized Independent Expenditures 21863.08 (b) SUBTOTAL of Unitemized 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 or its agent. SCOTT B MACKENZIE [Electronically Filed] Date 01 14 2016		INFOCISION MANAGEMENT COP	₹P		Ν			1
City State Zip Code 16800.18 AKRON OH 44333 Transaction ID: SE.4193 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON X Oppose President Senate State: PA Calendar Year-To-Date Per Election for Office Sought 16800.18 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures 21663.08 21663.08 (b) SUBTOTAL of Unitemized Independent Expenditures 21663.08 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 or its agent. Scott B MACKENZIE [Electronically Filed] Date 01 14 2016		Mailing Address 325 SPRINGSIDE DRIVE					2010	1
ARRON OH 44333 Transaction ID: SE.4193 Date of Disbursement or Obligation Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 12 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON Oppose President Senate State: PA Calendar Year-To-Date Per Election for Office Sought 16800.18 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures 21863.08 21863.08 (b) SUBTOTAL of Unitemized Independent Expenditures 21863.08 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 or its agent. SCOTT B MACKENZIE [Electronically Filed] Date 01 14 2016					Amou	int		
Date of Disbursement or Obligation Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Name of Federal Candidate HILLARY RODHAM CLINTON Xoppose Calendar Year-To-Date Per Election for Office Sought 16800.18 Obsursement For: President Support Office Sought 16800.18 Obsursement For: Primary X General 2016 Other (specify) (a) SUBTOTAL of Itemized 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 or its agent. SCOTT B MACKENZIE [Electronically Filed] Date 01 14 2016		City	State	Zip Code			16800.18	
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 01 12 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON © Oppose © President Senate State: PA Calendar Year-To-Date Disbursement For: Primary © General 2016 Per Election for Office Sought 16800.18 016 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures > 21863.08 (b) SUBTOTAL of Unitemized Independent Expenditures > 21863.08 (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 14 2016		AKRON	ОН	44333				1
HILLARY RODHAM CLINTON Support Once sought. House District. Out Calendar Year-To-Date Per Election for Office Sought Oppose President Senate State: PA (a) SUBTOTAL of Itemized Independent Expenditures						/ M	/ D D / Y Y Y]
Calendar Year-To-Date Per Election for Office Sought 16800.18 Disbursement For: Primary General 2016 (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate		Support	Office Sough	nt:	House District: 00	_
Per Election for Office Sought 16800.18 2016 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures > 21863.08 (b) SUBTOTAL of Unitemized Independent Expenditures > 21863.08 (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		HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate State: PA	
(a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed]				16800.18	2016			
(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 14 2016			, , , , , , , , , , , , , , , , , , , ,			uner (sp	Jecity) ►	_
(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 14 2016		(a) SUBTOTAL of Itemized Independent Expendent	ditures		• •		21863.08]
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 / 14 / 2016		(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •			1
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 / Y Y Y Y 2016		(c) TOTAL Independent Expenditures						1
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 / Y Y Y Y 2016						-7-		1
[Electronically Filed] Date 01 14 2016		with, or at the request or suggestion of, any car	ndidate or authorized					
		SCOTT B MACKENZIE	[Electron	ically Filed]	• 01 /			
		Signature						

Image# 201601149004501916 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (in Full) FEC IDENTIFICATION NUMBER ▼ TEA PARTY MAJORITY FUND Fec IDENTIFICATION NUMBER ▼ Check if24-hour report ▲ 48-hour report ▲ New report Amends report filed on	(So	chedule E)					PAGE 20	OF 26 F FORM 24/48
TEA PARTY MAJORITY FUND C co0566174 Check II 24+hour report Amends report fied on Image: Control of the c						FEC IC	1	
Cneck II 24-hour report ▲ 48-hour report ▲ New report Amends report filed on	T	EA PARTY MAJORITY FUND				1		
Check if 24-hour report X 48-hour report Amends report filed on INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE Oth 44333 Purpose of Expenditure Oth VOTER CONTACT OVER SEVERAL WEEKS Category/ Oppose Oth Name of Federal Candidate Support Office Sought House District: 00 HILLARY RODHAM CLINTON Ooppose Other (specify) Category/ Other (specify) Other (specify) Full Name of Payse Insertion for Office Sought 1399.94 Amount 01 12 2016 Name of Federal Candidate Support Office Sought House District: 00 01 12 2016 Name of Payse INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Category/ 04 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Category/ 04 01 12 2016 <							000000114	
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DRIVE City State Zip Code ARRON OH 44333 Purpose of Expenditure Office Sought Image: Contract Over Several WEEKS VOTER CONTACT OVER SEVERAL WEEKS Category/ Type Odd Name of Federal Candidate Support Office Sought House Purpose of Expenditure Office Sought House District: O HILLARY RODHAM CLINTON © Oppose Distrumement For: President State: RI City State Zip Code Arrount Office Sought Image: Contract Over Several WEEKS Category/ Ode Office Sought Image: Contract Over Several WEEKS Category/ Ode Image: Contract Over Several WEEKS Image: Contract Over Several WEEKS	Ch	eck if 24-hour report 🗙 48-hour report	X New repo	ort Amends repo	rt filed on	M M /		Y Y Y Y Y Y
Mailing Address 325 SPRINGSIDE DRIVE City State Zip Code ARON OH 44333 Purpose of Expenditure Category/ WOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 Name of Federal Candidate Support Office Sought House HILLARY RODHAM CLINTON © Oppose President Senate State: Calendar Year-To-Date Disbursement For: Primary General Part Election for Office Sought 1399.94 Disbursement For: Office Sought Office Sought Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Disbursement or Obligation 01 12 2016 Mare of Payee INFOCISION MANAGEMENT CORP Date of Disbursement or Obligation 01 12 2016 Mare of Federal Candidate Category 004 12 2016 Name of Federal Candidate Support Office Sought 01 12 2016 Name of Federal Candidate Support Office Sought 01 <th></th> <th>Full Name of Payee INFOCISION MANAGEMENT CORP</th> <th>1</th> <th></th> <th>Date</th> <th></th> <th></th> <th></th>		Full Name of Payee INFOCISION MANAGEMENT CORP	1		Date			
Amount Amount City State Zip Code AKRON OH 44333 Purpose of Expenditure YOTER CONTACT OVER SEVERAL WEEKS Category/ Name of Federal Candidate Otto Interview HILLARY RODHAM CLINTON Support Office Sought House Category/ One President Senate State: Category/ Office Sought House Distursement for: Primary & General Par Election for Office Sought 1399.94 Distursement For: Primary & General Par Election for Office Sought 1399.94 Distursement For: Primary & General Par Election for Office Sought 1399.94 Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Amount Office Sought Date of Disbursement or Obligation VOTER CONTACT OVER SEVERAL WEEKS Category/ Out Office Sought Interview Office Sought Office Sought Interview Office Sought Interview Office Sought Interview Interview Interview Interview Interview Interview Interview Inter		Mailing Address and oppinioning points			_			
AKRON OH 44333 Transaction ID: SE.4194 Purpose of Expenditure Category/ Type 004 0 12 2016 Name of Federal Candidate Support Office Sought House District: 0 HILLARY RODHAM CLINTON Oppose President Senate State: RI Calendar Year-To-Date Per Election for Office Sought 1399.94 Disturgement For: Primary & General 2016 Other (specify) > Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distruction/Dissemination 0 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distruction/Dissemination 0 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Arron 04 44333 Transaction ID: SE.4195 Date of Diabursement or Obligation Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 0.04 12 2016 Arron Name of Federal Candidate Support Office Sought Escate and the senate Senate State: Scoppresident Senate State: Scoppresident Senate State: Scoppresident Senate State: Scoppreside		325 SPRINGSIDE DRIVE			Amo	unt		
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 0.4 0.1 1.2 / 20.16 Name of Faderal Candidate Support Office Sought House District: 0.0 HILLARY RODHAM CLINTON Ø Oppose Øreident Senate State: RI Catendar Year: To-Date Per Election for Office Sought 1399.94 Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination City State Zip Code AKRON OH 44333 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 0.4 VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 0.4 Name of Federal Candidate HILLARY RODHAM CLINTON Support Office Sought House VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 0.4 Yer President Senate State: Scote (a) SUBTOTAL of Itemized Independent Expenditures		City S	State	Zip Code				1399.94
VOTER CONTACT OVER SEVERAL WEEKS Calegory/ Type 004 01 12 2016 Name of Federal Candidate Support Office Sought House District: 00 HILLARY RODHAM CLINTON Qopose President Senate State: RI Calendar Year-To-Date Per Election for Office Sought 1399.94 District: 00 Other (specify) ▶ Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination Amount 01 12 2016 VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 04 12 2016 Name of Federal Candidate Support Office Sought 12 2016 Name of Federal Candidate Support Office Sought 12 2016 HILLARY RODHAM CLINTON Oppose Office Sought 12 2016 Catendar Year-To-Date Per Election for Office Sought 6056.91 Office Sought 016 016 (c) TOTAL Independent Expenditures 7456.85 10 016 016 016			ОН	44333				Obligation
HILLARY RODHAM CLINTON Support Once sought President Sende Usit Oppose Per Election for Office Sought 1399.94 Disbursement For: Primary General 2016 Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 011 012 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination 011 012 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Disbursement or Obligation 011 12 2016 Arron OH 4333 Tarasaction ID: SE.4195 Date of Disbursement or Obligation VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 011 12 2016 Name of Federal Candidate Support Office Sought HILLARY RODHAM CLINTON © Oppose © President Senate State: SC Calendar Year-To-Date General 6056.91 Disbursement For: Primary © General (a) SUBTOTAL of Unitemized Independent Expenditures 6056.91 Disbursement For: Primary © General (b) SUBTOTAL of Unitemized Independent Expenditures 7456.85) Other (sp						^M 01		
Calendar Year-To-Date President Senate State State Per Election for Office Sought 1399.94 Disbursement For: Primary General Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination 01 12 2016 Mailing Address 325 SPRINGSIDE DRIVE Date of Disbursement or Obligation 01 12 2016 Markon OH 44333 Date of Disbursement or Obligation 01 12 2016 Name of Federal Candidate Support Office Sought HILLARY RODHAM CLINTON Support Office Sought 04 01 12 2016 Name of Federal Candidate Support Office Sought General 2016 Disbursement For: Primary General Calendar Year-To-Date General General 90 2016 Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures 7456.85 7456.85 (b) SUBTOTAL of Unitemized Independent Expenditures		Name of Federal Candidate		Support	Office Soug	jht:	House	District: 00
Per Election for Office Sought 139.94 2016 Other (specify) ▶ Full Name of Payee INFOCISION MANAGEMENT CORP Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Date of Public Distribution/Dissemination Mailing Address 325 SPRINGSIDE DRIVE Amount City State Zip Code AKRON OH 44333 Purpose of Expenditure 004 VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 Name of Federal Candidate Support Office Sought House HILLARY RODHAM CLINTON © Oppose President Senate State: SC Calendar Year-To-Date 0066.91 Disbursement For: Primary General 2016 Other (specify) ▶		HILLARY RODHAM CLINTON		X Oppose	X Presi	dent	Senate	
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE City State Zip Code AKRON OH 44333 Purpose of Expenditure 004 VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 Name of Federal Candidate Support HILLARY RODHAM CLINTON Coppose Calendar Year-To-Date President Per Election for Office Sought 6056.91 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures > (c) TOTAL Independent Expenditures > Under penalty of perjury 1 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.				1399.94	2016			/ X General
Mailing Address 325 SPRINGSIDE DRIVE Mailing Address 325 SPRINGSIDE DRIVE City State Zip Code AKRON OH 44333 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ 004 Name of Federal Candidate Goto Support Office Sought House District: 00 HILLARY RODHAM CLINTON Support Office Sought Benate State: SC Calendar Year-To-Date Por Federal Bibursement For: Primary General Par Election for Office Sought 6056.91 Dibursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures 7456.85 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury 1 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.					Date			
City State Zip Code AKRON OH 44333 Purpose of Expenditure OH VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 Name of Federal Candidate Support HILLARY RODHAM CLINTON Senate State: Calendar Year-To-Date Per Election for Office Sought House Other (specify) Other (specify) Category/ (a) SUBTOTAL of Itemized Independent Expenditures > 7456.85 (b) SUBTOTAL of Unitemized Independent Expenditures > 7456.85 (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 or its agent. SCOTT B MACKENZE Category/ Image: Category (Category)		Mailing Address						
ARRON OH 44333 Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 01 <t< th=""><th></th><td>Mailing Address 325 SPRINGSIDE DRIVE</td><td></td><td></td><td>Amo</td><td>ount</td><td></td><td></td></t<>		Mailing Address 325 SPRINGSIDE DRIVE			Amo	ount		
Purpose of Expenditure Date of Disbursement or Obligation Purpose of Expenditure Category/ Type 004 Name of Federal Candidate Support HILLARY RODHAM CLINTON Support Calendar Year-To-Date President Per Election for Office Sought 6056.91 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City S	State	Zip Code				6056.91
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/ Type 004 11 12 2016 Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON Oppose President Senate State: SC Calendar Year-To-Date Office Sought Obsoursement For: Primary General Per Election for Office Sought 6056.91 Other (specify) >		AKRON	ОН	44333				Obligation
Name of Federal Candidate Support Office Sought: House District: 00 HILLARY RODHAM CLINTON Oppose President Senate State: SC Calendar Year-To-Date Persident Senate State: SC Per Election for Office Sought 6056.91 Disbursement For: Primary General (a) SUBTOTAL of Itemized Independent Expenditures. 7456.85 (b) SUBTOTAL of Unitemized Independent Expenditures 7456.85 (b) SUBTOTAL of Unitemized Independent Expenditures 7456.85 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 Exercicle End <th></th> <td></td> <td></td> <td></td> <td></td> <td>M M</td> <td>/ D D /</td> <td>YYYYY</td>						M M	/ D D /	YYYYY
HILLARY RODHAM CLINTON Indes Object		Name of Endered Condidate						
Calendar Year-To-Date Per Election for Office Sought General 6056.91 Disbursement For: Primary (a) SUBTOTAL of Itemized Independent Expenditures. T456.85 (b) SUBTOTAL of Unitemized Independent Expenditures T456.85 (c) TOTAL Independent Expenditures. Image: Comparison of the request of suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent. SCOTT B MACKENZIE Image: Comparison of the request of the reporting entity is not a political party committee or its agent.								<u> </u>
Per Election for Office Sought 6056.91 2016 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures				X Oppose	X Presi	dent		
 (a) SUBTOTAL of Itemized Independent Expenditures				6056.91	2016			y X General
(b) SUBTOTAL of Unitemized Independent Expenditures					_			
(c) TOTAL Independent Expenditures		(a) SUBTOTAL of Itemized Independent Expenditures			• •	-7-	-7-	7456.85
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.		(b) SUBTOTAL of Unitemized Independent Expenditure)S		•			
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.								
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.		(c) TOTAL Independent Expenditures			•		-7-	
	,	with, or at the request or suggestion of, any candidate	or authorized					
Lance of the Date of 14 2010		SCOTT B MACKENZIE	[Electron	ically Filed1				
Signature		Signature					20	

Image# 201601149004501917 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)				FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T	EA PARTY MAJORITY FUND				
					C C00566174
Ch	eck if 24-hour report X 48-hour report	ort 🔀 New rep	ort Amends repo		- M / D D / Y - Y - Y - Y
	Full Name of Payee INFOCISION MANAGEMENT	CORP			of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Amou	01 12 2016 nt
	City	State	Zip Code		1045.08
	AKRON	OH	44333		action ID : SE.4196 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	S	Category/ Type 004	Μ	01 / D D / Y Y Y Y 01 12 2016
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State: SD
	Calendar Year-To-Date Per Election for Office Sought	7 7	1045.08	Disbursemen 2016	nt For: Primary
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			of Public Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE	E		Amou	01 12 2016 int
		State	Zip Code		8266.04
	City AKRON	OH	44333		action ID : SE.4197 of Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEK	(S	Category/ Type 004		01 / 12 / 2016
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent Senate State: TN
	Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	8266.04	Disbursemen 2016	nt For: Primary X General Dther (specify) ►
	(a) SUBTOTAL of Itemized Independent Exp	enditures		• •	9311.12
	<i></i>				
	(b) SUBTOTAL of Unitemized Independent E	xpenditures		••	
	(c) TOTAL Independent Expenditures			•••	
١	Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized	•		
	SCOTT B MACKENZIE	[Electron	<i>ically Filed]</i> Date	e 01 /	14 Y Y Y Y Y 14 2016
	Signature				

Image# 201601149004501918 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 22 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER
TEA PARTY MAJORITY FUND	C00566174
	00000174
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y = Y = Y = Y
Mailing Address 325 SPRINGSIDE DRIVE	12 2016
City State Zip Code	31497.31
AKRON OH 44333 Transact Date of I	tion ID : SE.4198 Disbursement or Obligation
Purpose of Expenditure Category/ 004 VOTER CONTACT OVER SEVERAL WEEKS 014	M / D D / Y Y Y Y 12 2016
Name of Federal Candidate Support Office Sought:	House District:00
HILLARY RODHAM CLINTON	
Calendar Year-To-Date Per Election for Office Sought 31497.31 Disbursement F 2016 Othe	or: Primary X General
	Public Distribution/Dissemination
Mailing Address 325 SPRINGSIDE DRIVE Amount	
City State Zip Code	3260.01
Date of	on ID : SE.4199 Disbursement or Obligation
Purpose of Expenditure Category/ VOTER CONTACT OVER SEVERAL WEEKS 004	M / D D / Y Y Y Y 12 / 2016
Name of Federal Candidate Support Office Sought:	House District: 00
HILLARY RODHAM CLINTON Oppose President	Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 3260.01	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	34757.32
(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 coo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
SCOTT B MACKENZIE [Electronically Filed] Date 01	14 2016
Signature	

Image# 201601149004501919 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	chedule E)					PAGE 23 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER
T	EA PARTY MAJORITY FUND					C00566174
					C	00000174
Ch	eck if 24-hour report X 48-hour report	New rep	ort Amends repo		/ M /	
	Full Name of Payee INFOCISION MANAGEMENT C	ORP		_	/ M /	C Distribution/Dissemination
	Mailing Address 325 SPRINGSIDE DRIVE			Amou	01 Int	12 2016
	City	State	Zip Code			842.24
	AKRON	ОН	44333			ID : SE.4200 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01	/ D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid		Senate State: VT
	Calendar Year-To-Date Per Election for Office Sought		842.24	Disbursemer 2016		Primary X General Decify) ►
	Full Name of Payee			Date	of Publi	c Distribution/Dissemination
	INFOCISION MANAGEMENT COP	₹P			01	/ D D / Y Y Y Y 12 2016
	Mailing Address 325 SPRINGSIDE DRIVE			Amou	_	
	City AKRON	State OH	Zip Code 44333			10507.65 D : SE.4201 ursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01	/ D D / Y Y Y Y 12 / 2016
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X Presid	ent	Senate State: VA
	Calendar Year-To-Date Per Election for Office Sought		10507.65	Disbursemer 2016		Primary X General
	(a) SUBTOTAL of Itemized Independent Expendent	Jitures		• •		11349.89
	(b) SUBTOTAL of Unitemized Independent Expo	enditures		••		
	(c) TOTAL Independent Expenditures			·· •		
,	Under penalty of perjury I certify that the indep- with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed] Date	o 01	14	2016
	Signature				14	2010

Image# 201601149004501920 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Sc	hedule E)				PAGE 24 OF 26 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER
TI	EA PARTY MAJORITY FUND				
					C00566174
Che	eck if24-hour report48-hour repor	rt 🔀 New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
	Full Name of Payee INFOCISION MANAGEMENT	CORP		M	
	Mailing Address 325 SPRINGSIDE DRIVE			01 Amount	12 2016
	City	State	Zip Code		8833.35
	AKRON	OH	44333		tion ID : SE.4202 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	;	Category/ Type 004	01	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	
	Calendar Year-To-Date Per Election for Office Sought		8833.35	Disbursement F 2016 Othe	or: Primary X General er (specify) ►
	Full Name of Payee)RP		М	
	Mailing Address 325 SPRINGSIDE DRIVE			01 Amount	12 2016
	City	State	Zip Code	يصار	2475.11
	AKRON	OH	44333		on ID : SE.4203 Disbursement or Obligation
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	3	Category/ Type 004	M 01	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	HILLARY RODHAM CLINTON		X Oppose	X President	Senate State: WV
	Calendar Year-To-Date Per Election for Office Sought		2475.11	Disbursement F 2016	For: Primary X General er (specify) ►
┍┻					
(a) SUBTOTAL of Itemized Independent Expe	nditures		• •	11308.46
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	· · · · · · · · ·
(c) TOTAL Independent Expenditures			•	· · · · · · · · ·
v	Under penalty of perjury I certify that the inde- vith, or at the request or suggestion of, any c party committee) any political party committee	andidate or authorize			
	SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 01	14 2016
	Signature				

Image# 201601149004501921 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E) PAGE 25 OF 26 FOR SE OF FORM 24/48								
TEA PARTY MAJORITY FUND								
Check if 24-hour report X 48-hour report New report Amends report filed on / Y Y Y Y Y								
	Full Name of Payee INFOCISION MANAGEMENT C	ORP			/ M /	DD/	Dissemination	
	Aailing Address 325 SPRINGSIDE DRIVE				012016 Amount			
	City	State	Zip Code				7381.31	
	AKRON	ОН	44333			D:SE.4204 rsement or C	bligation	
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004	M	01 /	^D 12 /	Y Y Y Y 2016	
	Name of Federal Candidate		Support	Office Sough	ıt:	House	District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Preside		Senate	State: WI	
	Calendar Year-To-Date Per Election for Office Sought	7 7	7381.31	Disbursemen 2016	nt For: Other (spe	Primary ecify) ▶	K General	
	Full Name of Payee INFOCISION MANAGEMENT CO	RP			of Public	Distribution/	Dissemination	
	Mailing Address 325 SPRINGSIDE DRIVE	— L	01 12 2016					
	323 SPRINGSIDE DRIVE			Amou	Int			
	City	State	Zip Code				729.15	
	AKRON	ОН	44333			: SE.4205		
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/ Type 004		01	rsement or C	2016	
	Name of Federal Candidate		Support	Office Sough	nt:	House	District: 00	
	HILLARY RODHAM CLINTON		X Oppose	X Preside	ent	Senate	State: WY	
	Calendar Year-To-Date Per Election for Office Sought		729.15	Disbursemen 2016	nt For: Other (sp	Primary ecify) ▶	K General	
Γ								
	(a) SUBTOTAL of Itemized Independent Expen	ditures		• •	-7-	-7-	8110.46	
(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	[Electron	ically Filed] Date	e 01 /	D D D 14	/ 201	Y Y 6	
	Signature							

Image# 201601149004501922 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	hedule E)			PAGE 26 OF 26 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼								
T	EA PARTY MAJORITY FUND							
				C C00566174				
Check if 24-hour report X 48-hour report New report Amends report filed on / Y Y Y Y Y								
	Full Name of Payee INFOCISION MANAGEMENT CORP		М					
	Mailing Address 325 SPRINGSIDE DRIVE	01 Amount						
	City State	Zip Code		20.020				
	City State AKRON OH	44333		862.86 tion ID : SE.4206 Disbursement or Obligation				
	Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004		M / D D / Y Y Y Y				
	Name of Federal Candidate	Support	Office Sought:	House District: 00				
	HILLARY RODHAM CLINTON	X Oppose	X President					
	Calendar Year-To-Date Per Election for Office Sought	862.86	Disbursement F 2016 Othe	For: Primary X General Pr (specify) ►				
	Full Name of Payee		Date of	Public Distribution/Dissemination				
			М	M / D D / Y Y Y Y				
	Mailing Address		Amount					
	City State	Zip Code						
			Date of	Disbursement or Obligation				
	Purpose of Expenditure	Category/ Type	M	M / D D / Y Y Y Y				
	Name of Federal Candidate	Support Oppose	Office Sought:	House District:				
		Oppose						
	Calendar Year-To-Date Per Election for Office Sought		Disbursement F	er (specify) ►				
	(a) SUBTOTAL of Itemized Independent Expenditures			862.86				
(b) SUBTOTAL of Unitemized Independent Expenditures								
	(c) TOTAL Independent Expenditures		•	400000.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	SCOTT B MACKENZIE [Electro	nically Filed] Date	01 / E	14 2016				
Signature								