

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806
Check if different than previously reported. (ACC) ARLINGTON VA 22206

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00566174
3. IS THIS REPORT NEW OR AMENDED
[x] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[] April 15 Quarterly Report (Q1)
[x] July 15 Quarterly Report (Q2)
[] October 15 Quarterly Report (Q3)
[] January 31 Year-End Report (YE)
[] July 31 Mid-Year Report (Non-election Year Only) (MY)
[] Termination Report (TER)
(b) Monthly Report Due On:
[] Feb 20 (M2) [] May 20 (M5) [] Aug 20 (M8) [] Nov 20 (M11) (Non-Election Year Only)
[] Mar 20 (M3) [] Jun 20 (M6) [] Sep 20 (M9) [] Dec 20 (M12) (Non-Election Year Only)
[] Apr 20 (M4) [] Jul 20 (M7) [] Oct 20 (M10) [] Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
[] Primary (12P) [] General (12G) [] Runoff (12R)
[] Convention (12C) [] Special (12S)
Election on [] in the State of []
(d) 30-Day POST-Election Report for the:
[] General (30G) [] Runoff (30R) [] Special (30S)
Election on [] in the State of []

5. Covering Period 04 01 2018 through 06 30 2018

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

Signature of Treasurer MACKENZIE, SCOTT B, , [Electronically Filed] Date 07 12 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		81137.78
(b) Cash on Hand at Beginning of Reporting Period.....	70845.66	
(c) Total Receipts (from Line 19)	178234.86	323563.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	249080.52	404701.17
7. Total Disbursements (from Line 31).....	178750.50	334371.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	70330.02	70330.02
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1835.84	

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

Write or Type Committee Name

TEA PARTY MAJORITY FUND

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

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).....	27525.00	43500.00
(ii) Unitemized	150709.86	280063.39
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	178234.86	323563.39
(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)	178234.86	323563.39
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)).....▶	178234.86	323563.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	178234.86	323563.39

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	54362.03	86853.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54362.03	86853.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	118388.47	224611.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1000.00	17906.36
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	178750.50	334371.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178750.50	334371.15

DETAILED SUMMARY PAGE
of Disbursements

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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)	178234.86	323563.39
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	178234.86	323563.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54362.03	86853.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54362.03	86853.59

**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 6 OF 71
<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

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

Mailing Address 73 MOSEMAN AVE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2018

Transaction ID : SA11AI.10592

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 73 MOSEMAN AVE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2018

Transaction ID : SA11AI.10591

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 73 MOSEMAN AVE

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
735.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2018

Transaction ID : SA11AI.10593

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	285.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 71
	<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. ARLOTTA 125, LYNETTE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 OLD TOWN RD

City PINE BUSH	State NY	Zip Code 12566
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2018
Transaction ID : SA11AI.10686

Amount of Each Receipt this Period
150.00

Memo Item

B. ART 221, RAYMOND J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7832 GODOLPHIN DR

City SPRINGFIELD	State VA	Zip Code 22153
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2018
Transaction ID : SA11AI.10709

Amount of Each Receipt this Period
105.00

Memo Item

C. BABLO 945, ADELBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 MARINA BLVD

City SUISUN CITY	State CA	Zip Code 94585
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2018
Transaction ID : SA11AI.10749

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	505.00
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 8 OF 71
	(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. BERRY 112, YVONNE R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 VAN SICLEN AVE
APT 5J

City BROOKLYN State NY Zip Code 11207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2018

Transaction ID : SA11AI.10926

Amount of Each Receipt this Period
100.00

Memo Item

B. BICE 575, DONALD L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31629 277TH ST

City WINNER State SD Zip Code 57580

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

Name of Employer (for Individual) ROOTS AERIAL CROP SPRAYING SRV Occupation (for Individual) VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2018

Transaction ID : SA11AI.10956

Amount of Each Receipt this Period
300.00

Memo Item

C. BITZER 456, ROSEMARY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 213 WENDY LN

City WAVERLY State OH Zip Code 45690

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2018

Transaction ID : SA11AI.10978

Amount of Each Receipt this Period
150.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 71
	<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. BOATSWAIN 112, VALARIE J, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 SCHENCK AVE
 City BROOKLYN State NY Zip Code 11207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2018
Transaction ID : SA11AI.11012
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BODE 902, WILLIAM A, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 PORTUGUESE BEND RD
 City ROLLING HILLS State CA Zip Code 90274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2018
Transaction ID : SA11AI.11017
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. BOONE 372, JOHN L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BURTON HILLS BLVD APT S253
 City NASHVILLE State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2018
Transaction ID : SA11AI.11038
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 71
	<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. BOOTH 211, SARAH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 104 CARROLL VIEW AVE

City WESTMINSTER	State MD	Zip Code 21157
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.11043

Amount of Each Receipt this Period
100.00

Memo Item

B. BREWER 735, FRED R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 376

City ELGIN	State OK	Zip Code 73538
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FRED BREWER SALES	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.11163

Amount of Each Receipt this Period
200.00

Memo Item

C. BRUECKNER 377, MYNHART, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 333 W HUNT RD

City ALCOA	State TN	Zip Code 37701
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2018

Transaction ID : SA11AI.11236

Amount of Each Receipt this Period
100.00

Memo Item

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 11 OF 71
	<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. BUCHHOLZ 577, MARY, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16249 MDU LOOP

City BELLE FOURCHE	State SD	Zip Code 57717
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2018
Transaction ID : SA11AI.11254

Amount of Each Receipt this Period
 300.00

Memo Item

B. CALDWELL 041, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PRIMARY LN

City FALMOUTH	State ME	Zip Code 04105
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2018
Transaction ID : SA11AI.11379

Amount of Each Receipt this Period
 105.00

Memo Item

C. CALDWELL 041, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 PRIMARY LN

City FALMOUTH	State ME	Zip Code 04105
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2018
Transaction ID : SA11AI.11378

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 71
	<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. CHARLEBOIS 347, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20639 PRINCE RANIER PL

City LEESBURG	State FL	Zip Code 34748
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2018

Transaction ID : SA11AI.11505

Amount of Each Receipt this Period
- 50.00

Memo Item

B. CHILSON 017, KENDALL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 FREEDOM ST

City HOPEDALE	State MA	Zip Code 01747
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2018

Transaction ID : SA11AI.11524

Amount of Each Receipt this Period
100.00

Memo Item

C. CLARK 481, THOMAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2735 S WAGNER RD UNIT 83

City ANN ARBOR	State MI	Zip Code 48103
-------------------	-------------	-------------------

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

Name of Employer (for Individual) XPO LOGISTICS	Occupation (for Individual) SR VICE 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
05		04		2018

Transaction ID : SA11AI.11566

Amount of Each Receipt this Period
350.00

Memo Item

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 13 OF 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CLEMMONS 775, BARBARA, , MS,
Mailing Address 4601 HAMBLEN CT

City SEABROOK	State TX	Zip Code 77586
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Date of Receipt
MM / DD / YYYY
05 / 17 / 2018
Transaction ID : SA11AI.11588

Amount of Each Receipt this Period
250.00

Memo Item

B. COLLINS 975, IDELLE, , MS,
Mailing Address PO BOX 849

City SHADY COVE	State OR	Zip Code 97539
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
MM / DD / YYYY
06 / 27 / 2018
Transaction ID : SA11AI.11650

Amount of Each Receipt this Period
500.00

Memo Item

C. COLTRANE 177, LORETTA E, , MRS,
Mailing Address PO BOX 205

City WOOLRICH	State PA	Zip Code 17779
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 235.00	

Date of Receipt
MM / DD / YYYY
05 / 23 / 2018
Transaction ID : SA11AI.11656

Amount of Each Receipt this Period
50.00

Memo Item

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 14 OF 71
	<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. CONNOLLY 333, DOROTHY, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8002 LAGOS DE CAMPO BLVD
APT 306

City FORT LAUDERDALE State FL Zip Code 33321

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 11 / 2018
Transaction ID : SA11AI.11670

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 800 W 3RD ST
APT 3336

City AUSTIN State TX Zip Code 78701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
04 / 24 / 2018
Transaction ID : SA11AI.11692

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 800 W 3RD ST
APT 3336

City AUSTIN State TX Zip Code 78701

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
05 / 14 / 2018
Transaction ID : SA11AI.11691

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 71
	<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. COONLY 787, JOHN, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W 3RD ST
APT 3336

City AUSTIN State TX Zip Code 78701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1700.00

Date of Receipt
06 / 21 / 2018
Transaction ID : SA11AI.11693

Amount of Each Receipt this Period
500.00

Memo Item

B. CORSON 847, LOIS, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 121

City GLENDALE State UT Zip Code 84729

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 27 / 2018
Transaction ID : SA11AI.11705

Amount of Each Receipt this Period
100.00

Memo Item

C. COUCH 244, RICHARD E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13803 BIRDAVEN LN

City GROTTUES State VA Zip Code 24441

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

Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) MACHINE OPERATOR

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 16 / 2018
Transaction ID : SA11AI.11712

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 71
	(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. COUCH 244, RICHARD E, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13803 BIRDAVEN LN

City GROTTOES	State VA	Zip Code 24441
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) MACHINE OPERATOR
--	---

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		21		2018

Transaction ID : SA11AI.11713

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 3132 COUNTRY LN

City WILMETTE	State IL	Zip Code 60091
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2018

Transaction ID : SA11AI.11734

Amount of Each Receipt this Period
100.00

Memo Item

C. CRAIG 481, ERNA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7330 N WILDWOOD ST

City WESTLAND	State MI	Zip Code 48185
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2018

Transaction ID : SA11AI.11748

Amount of Each Receipt this Period
205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	405.00
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 17 OF 71
	<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. DALY 379, CHAD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 624 UNION CAMP LN
 City KNOXVILLE State TN Zip Code 37934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JOHNSON & JOHNSON Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 09 / 2018
Transaction ID : SA11AI.11830
 Amount of Each Receipt this Period 100.00
 Memo Item

B. DANZE 787, LEO, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4722 TWIN VALLEY DR
 City AUSTIN State TX Zip Code 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2018
Transaction ID : SA11AI.11841
 Amount of Each Receipt this Period 100.00
 Memo Item

C. DAVIES 208, ROBERT, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10109 SORREL AVE
 City POTOMAC State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ - 100.00

Date of Receipt 04 / 09 / 2018
Transaction ID : SA11AI.11871
 Amount of Each Receipt this Period - 100.00
 Memo Item

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: (check only one)	PAGE 18 OF 71
	<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. DEININGER 926, MARY ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 RUE GRAND DUCAL
 City NEWPORT BEACH State CA Zip Code 92660
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 18 / 2018
Transaction ID : SA11AI.11938
 Amount of Each Receipt this Period 250.00
 Memo Item

B. DUIN 562, DUANE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7682 COUNTY ROAD 2
 City DUMONT State MN Zip Code 56236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 11 / 2018
Transaction ID : SA11AI.12082
 Amount of Each Receipt this Period 200.00
 Memo Item

C. EDGERLY 021, LOIS S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 HIGHLAND ST
 City CAMBRIDGE State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.12159
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 71
<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. EVANS 660, JAMES PRESTON, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5000 CLINTON PKWY

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

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
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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		2018

Transaction ID : SA11AI.12268

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 5000 CLINTON PKWY

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.12269

Amount of Each Receipt this Period
250.00

Memo Item

C. EVERETT 826, MARGOT M, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5420 S OAK ST

City CASPER	State WY	Zip Code 82601
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2018

Transaction ID : SA11AI.12276

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
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 20 OF 71
	<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. FAETH 488, PAUL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4525 HAMPTON CT APT 4

City GRAND LEDGE	State MI	Zip Code 48837
---------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2018

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period
205.00

Memo Item

B. FERGUSON 726, CLAUDETTE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1278

City HARRISON	State AR	Zip Code 72602
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11AI.12335

Amount of Each Receipt this Period
100.00

Memo Item

C. FINCH 373, MAX C, , DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5521 MILL STONE DR

City OOLTEWAH	State TN	Zip Code 37363
------------------	-------------	-------------------

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

Name of Employer (for Individual) TEAM HEALTH	Occupation (for Individual) DOCTOR
--	---------------------------------------

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		13		2018

Transaction ID : SA11AI.12358

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	555.00
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 71
	<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. FLAHERTY 941, DENNIS L, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 188 MINNA ST
 APT 38C

City SAN FRANCISCO	State CA	Zip Code 94105
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2018

Transaction ID : SA11AI.12376

Amount of Each Receipt this Period
 300.00

Memo Item

B. FLEENOR 352, MARGARET L, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3517 LENOX RD

City BIRMINGHAM	State AL	Zip Code 35213
--------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2018

Transaction ID : SA11AI.12382

Amount of Each Receipt this Period
 250.00

Memo Item

C. FRUCHTNICHT 704, DONALD J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 BEAU CHENE DR

City MANDEVILLE	State LA	Zip Code 70471
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2018

Transaction ID : SA11AI.12495

Amount of Each Receipt this Period
 250.00

Memo Item

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 22 OF 71
	<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. FRUCHTNIKT 704, DONALD J, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 618 BEAU CHENE DR

City MANDEVILLE	State LA	Zip Code 70471
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : SA11AI.12494

Amount of Each Receipt this Period
200.00

Memo Item

B. GARCIA 691, IRENE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1404 LODGEPOLE RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2018

Transaction ID : SA11AI.12545

Amount of Each Receipt this Period
100.00

Memo Item

C. GAUSEWITZ 446, CARL G, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2483 WESTBROOK ST SE

City MAGNOLIA	State OH	Zip Code 44643
------------------	-------------	-------------------

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

Name of Employer (for Individual) GAUS APARTMENTS	Occupation (for Individual) SELF EMPLOYED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2018

Transaction ID : SA11AI.12581

Amount of Each Receipt this Period
50.00

Memo Item

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: (check only one)	PAGE 23 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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

A. GIDDENS 328, BYRON, , MR,
Mailing Address 801 RIVERS CT

City ORLANDO	State FL	Zip Code 32828
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 27 / 2018
Transaction ID : SA11AI.12628

Amount of Each Receipt this Period
300.00

Memo Item

B. GIRRBACH 492, KRISTA, , MS,
Mailing Address 14615 AYRES HWY

City TIPTON	State MI	Zip Code 49287
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MORGAN STANLEY		Occupation (for Individual) FINANCIAL ADVISOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2018
Transaction ID : SA11AI.12654

Amount of Each Receipt this Period
250.00

Memo Item

C. GRIMESTAD 586, WAYNE L, , MR,
Mailing Address 2575 STATES BLVD

City DICKINSON	State ND	Zip Code 58601
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) SEMI RETIRED		Occupation (for Individual) SALES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 / 2018
Transaction ID : SA11AI.12788

Amount of Each Receipt this Period
250.00

Memo Item

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 24 OF 71
	<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. GROSSO 088, NANCY, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 LONG HILL RD

City HILLSBOROUGH	State NJ	Zip Code 08844
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2018
Transaction ID : SA11AI.12796

Amount of Each Receipt this Period
 200.00

Memo Item

B. HADLEY 435, SUSAN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7150 OAK HILL DR

City SYLVANIA	State OH	Zip Code 43560
------------------	-------------	-------------------

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

Name of Employer (for Individual) OSU DEPT OF DANCE	Occupation (for Individual) PROFESSOR
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2018
Transaction ID : SA11AI.12834

Amount of Each Receipt this Period
 105.00

Memo Item

C. HARING 448, ANGELINE J, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 825 ALEXANDER RD W

City BELLVILLE	State OH	Zip Code 44813
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2018
Transaction ID : SA11AI.12904

Amount of Each Receipt this Period
 150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	455.00
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 25 OF 71
	<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. HARING 448, ANGELINE J, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 ALEXANDER RD W

City BELLVILLE	State OH	Zip Code 44813
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.12905

Amount of Each Receipt this Period
150.00

Memo Item

B. HOLMBERG 441, TERRY L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7002 PLAINFIELD AVE

City CLEVELAND	State OH	Zip Code 44144
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : SA11AI.13174

Amount of Each Receipt this Period
250.00

Memo Item

C. HOPKINS 230, TIMOTHY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 HADENSVILLE FIFE RD

City GOOCHLAND	State VA	Zip Code 23063
-------------------	-------------	-------------------

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

Name of Employer (for Individual) RAS WELDING	Occupation (for Individual) PRINCIPAL
--	--

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		2018

Transaction ID : SA11AI.13189

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 71
	<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. HUGHES 600, WILLIAM, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1510 S RIVER RD
 City LIBERTYVILLE State IL Zip Code 60048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALLIANCE RACING Occupation (for Individual) MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2018
Transaction ID : SA11AI.13262
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2018
Transaction ID : SA11AI.13397
 Amount of Each Receipt this Period
 205.00
 Memo Item

C. JANZEN 970, PAMELA, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 160
 City SANDY State OR Zip Code 97055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2018
Transaction ID : SA11AI.13396
 Amount of Each Receipt this Period
 305.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	760.00
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 27 OF 71
<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. JOHNSON 334, PATSY S, , MS,
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Date of Receipt
04 / 16 / 2018
Transaction ID : SA11AI.13450

Amount of Each Receipt this Period
500.00

Memo Item

B. JOHNSON 334, PATSY S, , MS,
Mailing Address 751 ISLAND DR

City PALM BEACH	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Date of Receipt
04 / 20 / 2018
Transaction ID : SA11AI.13449

Amount of Each Receipt this Period
300.00

Memo Item

C. JONES 432, JOHN R, , MR,
Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) JONES BUELL COMPANY		Occupation (for Individual) MANAGER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
04 / 18 / 2018
Transaction ID : SA11AI.13492

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 28 OF 71
	<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. JONES 432, JOHN R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer (for Individual) JONES BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11AI.13491

Amount of Each Receipt this Period
100.00

Memo Item

B. JONES 432, JOHN R, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 FRANK RD

City COLUMBUS	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer (for Individual) JONES BUELL COMPANY	Occupation (for Individual) MANAGER
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2018

Transaction ID : SA11AI.13490

Amount of Each Receipt this Period
100.00

Memo Item

C. KELTNER 740, DARRELL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2701 CLAREMONT DR

City BARTLESVILLE	State OK	Zip Code 74006
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2018

Transaction ID : SA11AI.13576

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 71
<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. KISSEL 074, THEODORE S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 BERKSHIRE PL

City ALLENDALE	State NJ	Zip Code 07401
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2018

Transaction ID : SA11AI.13633

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 9 COURT ST

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2018

Transaction ID : SA11AI.13712

Amount of Each Receipt this Period
100.00

Memo Item

C. KUNZ 827, PAUL G, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 282

City MOORCROFT	State WY	Zip Code 82721
-------------------	-------------	-------------------

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

Name of Employer (for Individual) 88 OIL	Occupation (for Individual) FIELD REPRESENTATIVE
---	---

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	/	21	/	2018

Transaction ID : SA11AI.13730

Amount of Each Receipt this Period
300.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 71
	<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. KURZET 926, ANNE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33762 VALLE RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2018

Transaction ID : SA11AI.13731

Amount of Each Receipt this Period
250.00

Memo Item

B. LANE 740, JOE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 66

City CHELSEA	State OK	Zip Code 74016
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2018

Transaction ID : SA11AI.13779

Amount of Each Receipt this Period
505.00

Memo Item

C. LANE 740, JOE C, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 66

City CHELSEA	State OK	Zip Code 74016
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2018

Transaction ID : SA11AI.13781

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1055.00
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 31 OF 71
	<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. LAWRENCE 671, ANNE, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2585 162ND RD
 City OXFORD State KS Zip Code 67119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) FAMILY FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2018
Transaction ID : SA11AI.13814
 Amount of Each Receipt this Period 250.00
 Memo Item

B. LEONARD 162, ROBERT E, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 118 OAKWOOD LN
 City SHIPPENVILLE State PA Zip Code 16254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 05 / 10 / 2018
Transaction ID : SA11AI.13858
 Amount of Each Receipt this Period 200.00
 Memo Item

C. LESSIG 212, RICHARD B, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 ADMIRAL BLVD
 City BALTIMORE State MD Zip Code 21222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2018
Transaction ID : SA11AI.13863
 Amount of Each Receipt this Period 100.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 71
	<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. LESSIG 212, RICHARD B, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 ADMIRAL BLVD

City BALTIMORE	State MD	Zip Code 21222
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.13864

Amount of Each Receipt this Period
300.00

Memo Item

B. MAGNUSON 852, MAMIE, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7255 E BROADWAY RD APT 246

City MESA	State AZ	Zip Code 85208
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.14041

Amount of Each Receipt this Period
60.00

Memo Item

C. MANSON 011, JANICE, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 748 SAINT JAMES AVE
APT 5

City SPRINGFIELD	State MA	Zip Code 01104
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2018

Transaction ID : SA11AI.14087

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 33 OF 71
	<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. MEYER 220, CHARLES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10010 EASTLAKE DR

City FAIRFAX	State VA	Zip Code 22032
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11AI.14366

Amount of Each Receipt this Period
50.00

Memo Item

B. MINTON 217, DAVID S, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7949 MCKAIG RD

City FREDERICK	State MD	Zip Code 21701
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11AI.14437

Amount of Each Receipt this Period
300.00

Memo Item

C. MOFFITT 273, TERRY W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6573 BUFFALO FORD RD

City RAMSEUR	State NC	Zip Code 27316
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : SA11AI.14467

Amount of Each Receipt this Period
200.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 71
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MOONEY 158, JOE, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1008 WATER ST
 City BROCKWAY State PA Zip Code 15824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **05 / 23 / 2018**
Transaction ID : SA11AI.14489
 Amount of Each Receipt this Period 200.00
 Memo Item

B. NOLD 674, RONALD J, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2191 EDEN RD LOT 11
 City ABILENE State KS Zip Code 67410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 09 / 2018**
Transaction ID : SA11AI.14722
 Amount of Each Receipt this Period 250.00
 Memo Item

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

Date of Receipt **06 / 25 / 2018**
Transaction ID : SA11AI.14744
 Amount of Each Receipt this Period 200.00
 Memo Item

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 35 OF 71
	(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. NOZNISKY 142, SARAH A, , MS,
Mailing Address 54 HARDING AVE

City BUFFALO	State NY	Zip Code 14217
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2018
Transaction ID : SA11AI.14746

Amount of Each Receipt this Period
100.00

Memo Item

B. PFEIL 052, KARL, , MR,
Mailing Address 2121 NORTH RD

City ARLINGTON	State VT	Zip Code 05250
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2018
Transaction ID : SA11AI.14973

Amount of Each Receipt this Period
105.00

Memo Item

C. PINKERTON 456, GLEN, , MR,
Mailing Address 759 ALMA OMEGA RD

City WAVERLY	State OH	Zip Code 45690
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) MEAD PAPER CO		Occupation (for Individual) TRUCK DRIVER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2018
Transaction ID : SA11AI.15002

Amount of Each Receipt this Period
105.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	310.00
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 36 OF 71
<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. PITCAIRN 190, BEATRICE S, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1620 HUNTINGDON RD

City HUNTINGDON VY	State PA	Zip Code 19006
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2018

Transaction ID : SA11AI.15009

Amount of Each Receipt this Period
100.00

Memo Item

B. PLEAKE 799, KENNETH F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3125 ZION LN

City EL PASO	State TX	Zip Code 79904
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2018

Transaction ID : SA11AI.15024

Amount of Each Receipt this Period
100.00

Memo Item

C. PURCELL 208, NORMA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10801 ROCK RUN DR

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2018

Transaction ID : SA11AI.15128

Amount of Each Receipt this Period
200.00

Memo Item

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 37 OF 71
	<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. PURDY 042, MAUREEN, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 GREAT OAKS LN

City OXFORD	State ME	Zip Code 04270
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2018

Transaction ID : SA11AI.15129

Amount of Each Receipt this Period
200.00

Memo Item

B. READ 805, SCOTT, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4660 CHAPMAN RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2018

Transaction ID : SA11AI.15222

Amount of Each Receipt this Period
350.00

Memo Item

C. ROGERS 365, JOAN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 SPANISH FORT BLVD
APT 55

City SPANISH FORT	State AL	Zip Code 36527
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2018

Transaction ID : SA11AI.15399

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
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 71
	<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. ROGERS 783, JANET, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 E 11TH ST
 City BISHOP State TX Zip Code 78343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 05 / 08 / 2018
Transaction ID : SA11AI.15404
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ROGERS 783, JANET, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 603 E 11TH ST
 City BISHOP State TX Zip Code 78343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 06 / 20 / 2018
Transaction ID : SA11AI.15403
 Amount of Each Receipt this Period 105.00
 Memo Item

C. ROSS 372, DORIS B, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 MYHR GRN
 City NASHVILLE State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ -25.00

Date of Receipt 06 / 28 / 2018
Transaction ID : SA11AI.15436
 Amount of Each Receipt this Period -25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 71
	<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. ROSS 993, WALTER D, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 327

City BEVERLY	State WA	Zip Code 99321
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2018
Transaction ID : SA11AI.15441

Amount of Each Receipt this Period
 105.00

Memo Item

B. ROTHWELL 085, TIMOTHY G, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2018
Transaction ID : SA11AI.15452

Amount of Each Receipt this Period
 500.00

Memo Item

C. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD

City SHELTON	State WA	Zip Code 98584
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) NONE		Occupation (for Individual) RETIRED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ - 100.00	

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2018
Transaction ID : SA11AI.15473

Amount of Each Receipt this Period
 - 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 40 OF 71
	<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. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2018
Transaction ID : SA11AI.15475
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

B. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2018
Transaction ID : SA11AI.15476
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

C. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 11 / 2018
Transaction ID : SA11AI.15479
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

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: (check only one)	PAGE 41 OF 71
	<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. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2018
Transaction ID : SA11AI.15477
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

B. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2018
Transaction ID : SA11AI.15478
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

C. ROY 985, ANN, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 E PENZANCE RD
 City SHELTON State WA Zip Code 98584
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ - 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2018
Transaction ID : SA11AI.15480
 Amount of Each Receipt this Period
 - 100.00
 Memo Item

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: (check only one)	PAGE 42 OF 71
	<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. ROY 985, ANN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 211 E PENZANCE RD

City SHELTON	State WA	Zip Code 98584
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
- 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2018

Transaction ID : SA11AI.15482

Amount of Each Receipt this Period
 - 100.00

Memo Item

B. SAHLIYEH 752, SANDY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 PARLIAMENT PL

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2018

Transaction ID : SA11AI.15528

Amount of Each Receipt this Period
 250.00

Memo Item

C. SCHATKO 480, JOANN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17810 24 MILE RD

City MACOMB	State MI	Zip Code 48042
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 29 / 2018

Transaction ID : SA11AI.15582

Amount of Each Receipt this Period
 250.00

Memo Item

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 43 OF 71
	<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. SCHELLING 125, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1217 BURLINGHAM RD

City PINE BUSH	State NY	Zip Code 12566
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2018

Transaction ID : SA11AI.15586

Amount of Each Receipt this Period
250.00

Memo Item

B. SCHELLING 125, EDWARD, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1217 BURLINGHAM RD

City PINE BUSH	State NY	Zip Code 12566
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2018

Transaction ID : SA11AI.15585

Amount of Each Receipt this Period
250.00

Memo Item

C. SCUDERI 902, LEONARD, , DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 GAUCHO DR

City ROLLING HILLS ESTA	State CA	Zip Code 90274
----------------------------	-------------	-------------------

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

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

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		14		2018

Transaction ID : SA11AI.15678

Amount of Each Receipt this Period
300.00

Memo Item

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 44 OF 71
	<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. SHARRATT 330, LAURA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4730 FILLMORE ST
 City HOLLYWOOD State FL Zip Code 33021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) RESTAURANT OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 18 / 2018
Transaction ID : SA11AI.15725
 Amount of Each Receipt this Period 100.00
 Memo Item

B. SJOGREN 672, JOHN F, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 335 N 127TH ST E
 City WICHITA State KS Zip Code 67206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2018
Transaction ID : SA11AI.15818
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. SKOPP 068, MARY ANN, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 JAY CIR
 City FAIRFIELD State CT Zip Code 06825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 08 / 2018
Transaction ID : SA11AI.15824
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1205.00
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 45 OF 71
	<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. SMITH 532, BARBARA, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3222 E HAMPSHIRE ST
 City MILWAUKEE State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2018
Transaction ID : SA11AI.15880
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. SMITH 932, J M, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17725 AVENUE 336
 City VISALIA State CA Zip Code 93292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FARMER Occupation (for Individual) SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 18 / 2018
Transaction ID : SA11AI.15905
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. STONE 315, TERRY, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 BAXLEY HWY
 City HAZLEHURST State GA Zip Code 31539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2018
Transaction ID : SA11AI.16064
 Amount of Each Receipt this Period
 175.00
 Memo Item

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 46 OF 71
<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. STONE 881, DAVID L, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 888

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2018

Transaction ID : SA11AI.16069

Amount of Each Receipt this Period
1000.00

Memo Item

B. SUSONG 305, BEBEE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 HOLLY CIR

City DAWSONVILLE	State GA	Zip Code 30534
---------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2018

Transaction ID : SA11AI.16129

Amount of Each Receipt this Period
100.00

Memo Item

C. SUSONG 305, BEBEE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 366 HOLLY CIR

City DAWSONVILLE	State GA	Zip Code 30534
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2018

Transaction ID : SA11AI.16130

Amount of Each Receipt this Period
35.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1135.00
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 47 OF 71
<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. TATE 379, JOE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1017 N CEDAR BLUFF RD

City KNOXVILLE	State TN	Zip Code 37923
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2018

Transaction ID : SA11AI.16179

Amount of Each Receipt this Period
105.00

Memo Item

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

Mailing Address 369 S WINTHROP PL

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2018

Transaction ID : SA11AI.16289

Amount of Each Receipt this Period
250.00

Memo Item

C. TREDINICK 322, SUE B, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9250 BAYMEADOWS RD
STE 400

City JACKSONVILLE	State FL	Zip Code 32256
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2018

Transaction ID : SA11AI.16324

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	605.00
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 48 OF 71
	<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. TURNBULL 750, WADE W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2791 WATERWAY DR

City GRAND PRAIRIE	State TX	Zip Code 75054
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2018

Transaction ID : SA11AI.16358

Amount of Each Receipt this Period
100.00

Memo Item

B. TURNBULL 750, WADE W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2791 WATERWAY DR

City GRAND PRAIRIE	State TX	Zip Code 75054
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

Transaction ID : SA11AI.16360

Amount of Each Receipt this Period
200.00

Memo Item

C. TURNBULL 750, WADE W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2791 WATERWAY DR

City GRAND PRAIRIE	State TX	Zip Code 75054
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2018

Transaction ID : SA11AI.16359

Amount of Each Receipt this Period
100.00

Memo Item

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 49 OF 71
<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. WALIMA 959, SUSAN, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14333 COUNTRYSIDE RANCH RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2018

Transaction ID : SA11AI.16521

Amount of Each Receipt this Period
150.00

Memo Item

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

Mailing Address 14333 COUNTRYSIDE RANCH RD

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2018

Transaction ID : SA11AI.16520

Amount of Each Receipt this Period
200.00

Memo Item

C. WALSH 074, FRANCIS J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 CHESTNUT RIDGE RD

City SADDLE RIVER	State NJ	Zip Code 07458
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NATIONAL RETAIL SYSTEMS	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2018

Transaction ID : SA11AI.16917

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3350.00
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 50 OF 71
	<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. WATERHOUSE 339, JOYCE R, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14326 HARBOUR LANDINGS DR UNIT

City FORT MYERS	State FL	Zip Code 33908
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		25		2018

Transaction ID : SA11AI.16567

Amount of Each Receipt this Period
100.00

Memo Item

B. WIGGINS 277, ELIZABETH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5715 GREENBAY DR

City DURHAM	State NC	Zip Code 27712
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2018

Transaction ID : SA11AI.16696

Amount of Each Receipt this Period
25.00

Memo Item

C. WILLETT 484, DONALD A, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3557 KINGS MILL RD

City NORTH BRANCH	State MI	Zip Code 48461
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2018

Transaction ID : SA11AI.16707

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 71
	<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. WILLIAMS 665, CHRISTOPHER C, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2121 MEADOWLARK RD
APT 224

City MANHATTAN	State KS	Zip Code 66502
-------------------	-------------	-------------------

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

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

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2018

Transaction ID : SA11Al.16721

Amount of Each Receipt this Period
250.00

Memo Item

B. WOLHAUPTER 902, CHARLES K, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 425

City MALIBU	State CA	Zip Code 90265
----------------	-------------	-------------------

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

Name of Employer (for Individual) FISKE LEAPWOOD FLOWERS LLC	Occupation (for Individual) MANAGER
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2018

Transaction ID : SA11Al.16800

Amount of Each Receipt this Period
150.00

Memo Item

C. YOUNG 640, VIRGINIA, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 629 NE LAKE POINTE DR

City LEES SUMMIT	State MO	Zip Code 64064
---------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) FREELANCE WRITER
--	---

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		06		2018

Transaction ID : SA11Al.16889

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	27525.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BAKER HOSTETLER LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2018

FEC Identification Number: C00566174

Transaction ID : SB21B.16920

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. BAKER HOSTETLER LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2018

FEC Identification Number: C00566174

Transaction ID : SB21B.16921

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. BAKER HOSTETLER LLP

Full Name (Last, First, Middle Initial)

Mailing Address 1050 CONNECTICUT AVE NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement LEGAL SERVICES

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 06 / 2018

FEC Identification Number: C00566174

Transaction ID : SB21B.16922

Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX COLLECTION FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 04 / 02 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16923

Amount of Each Disbursement this Period: 7.95

Memo Item

B. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES DISCOUNT FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 04 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16926

Amount of Each Disbursement this Period: 48.95

Memo Item

C. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: INTERCHNG FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 04 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16925

Amount of Each Disbursement this Period: 686.49

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 743.39

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. CAPITALONE BANK

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES FEE

001

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.16932

Amount of Each Disbursement this Period

453.56

Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITALONE BANK

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX DISCOUNT FEE

001

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.16935

Amount of Each Disbursement this Period

91.04

Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITALONE BANK

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: USA ePAY FEE

001

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.16938

Amount of Each Disbursement this Period

20.00

Memo Item

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

564.60

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: ACCOUNT ANALYSIS FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 04 / 18 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16941
Amount of Each Disbursement this Period: 212.12

Memo Item

B. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX COLLECTION FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 01 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16924
Amount of Each Disbursement this Period: 7.95

Memo Item

C. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES DISCOUNT FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16927
Amount of Each Disbursement this Period: 48.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 268.50

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: INTERCHNG FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16930
Amount of Each Disbursement this Period: 732.80

Memo Item

B. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16930
Amount of Each Disbursement this Period: 396.28

Memo Item

C. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX DISCOUNT FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 07 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16930
Amount of Each Disbursement this Period: 138.62

Memo Item

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

1267.70

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: USA ePAY FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 08 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16939

Amount of Each Disbursement this Period: 20.00

Memo Item

B. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: ACCOUNT ANALYSIS FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 05 / 16 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16942

Amount of Each Disbursement this Period: 211.70

Memo Item

C. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX COLLECTION FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 06 / 01 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16925

Amount of Each Disbursement this Period: 7.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 239.65

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. CAPITALONE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C	C00566174
---	-----------

City SUGARLAND State TX Zip Code 77478

Transaction ID : **SB21B.16928**

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES DISCOUNT FEE

001
Category/ Type

Amount of Each Disbursement this Period

65.95

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. CAPITALONE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C	C00566174
---	-----------

City SUGARLAND State TX Zip Code 77478

Transaction ID : **SB21B.16931**

Purpose of Disbursement
BANK FEE: INTERCHNG FEE

001
Category/ Type

Amount of Each Disbursement this Period

935.58

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. CAPITALONE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C	C00566174
---	-----------

City SUGARLAND State TX Zip Code 77478

Transaction ID : **SB21B.16934**

Purpose of Disbursement
BANK FEE: MERCHANT SERVICES FEE

001
Category/ Type

Amount of Each Disbursement this Period

524.65

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

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

1526.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX DISCOUNT FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 06 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16937
Amount of Each Disbursement this Period: 176.32

Memo Item

B. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: USA ePAY FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 06 / 06 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16940
Amount of Each Disbursement this Period: 20.00

Memo Item

C. CAPITALONE BANK

Full Name (Last, First, Middle Initial)

Mailing Address 2353 TOWN CENTER DRIVE

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: ACCOUNT ANALYSIS FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 06 / 18 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.16943
Amount of Each Disbursement this Period: 218.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 414.55

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. IMAGINE IT DESIGN LLC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 1052 LYNN ROMERO DR		FEC Identification Number C00566174 Transaction ID : SB21B.16947
City BREAUX BRIDGE	State LA	Zip Code 70517
Purpose of Disbursement CONSULTING - WEBSITE & COMMUNICATIONS		Category/ Type 001
Candidate Name TEA PARTY MAJORITY FUND		Amount of Each Disbursement this Period 1250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. IMAGINE IT DESIGN LLC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018
Mailing Address 1052 LYNN ROMERO DR		FEC Identification Number C00566174 Transaction ID : SB21B.16948
City BREAUX BRIDGE	State LA	Zip Code 70517
Purpose of Disbursement CONSULTING - WEBSITE & COMMUNICATIONS		Category/ Type 001
Candidate Name TEA PARTY MAJORITY FUND		Amount of Each Disbursement this Period 5500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. IMAGINE IT DESIGN LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2018
Mailing Address 1052 LYNN ROMERO DR		FEC Identification Number C00566174 Transaction ID : SB21B.16949
City BREAUX BRIDGE	State LA	Zip Code 70517
Purpose of Disbursement CONSULTING - WEBSITE & COMMUNICATIONS		Category/ Type 001
Candidate Name TEA PARTY MAJORITY FUND		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	11750.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

Date of Disbursement
M M / D D / Y Y Y Y Y
04 / 09 / 2018

FEC Identification Number
C C00566174
Transaction ID : SB21B.16960
Amount of Each Disbursement this Period
15305.51

Memo Item

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

Date of Disbursement
M M / D D / Y Y Y Y Y
04 / 25 / 2018

FEC Identification Number
C C00566174
Transaction ID : SB21B.16961
Amount of Each Disbursement this Period
28710.54

Memo Item

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

Date of Disbursement
M M / D D / Y Y Y Y Y
05 / 17 / 2018

FEC Identification Number
C C00566174
Transaction ID : SB21B.16962
Amount of Each Disbursement this Period
23163.86

Memo Item

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

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

67179.91

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

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

FOR LINE NUMBER:
(check only one)

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

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 DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003
Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.16963
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003
Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.16964
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VOTER CONTACT SERVICES

003
Category/
Type

Candidate Name

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

State: District:

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : SB21B.16965
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2018

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

C C00566174

Transaction ID : SB21B.16974

Amount of Each Disbursement this Period

- 118388.47

Memo Item

City AKRON State OH Zip Code 44333

Purpose of Disbursement
LN 21b DISBURSEMENTS TRANSFERRED TO LN 24

003
Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

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

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		03		2018

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

FEC Identification Number

C C00566174

Transaction ID : SB21B.16944

Amount of Each Disbursement this Period

3500.00

Memo Item

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

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

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2018

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

FEC Identification Number

C C00566174

Transaction ID : SB21B.16944

Amount of Each Disbursement this Period

3500.00

Memo Item

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

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

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

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

- 111388.47

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001
Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

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

Date of Disbursement
MM / DD / YYYY
06 / 01 / 2018

FEC Identification Number
C 00566174
Transaction ID : SB21B.16946
Amount of Each Disbursement this Period
3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

3500.00
54327.53

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. JOHN MCCANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1010

City HACKENSACK State NJ Zip Code 07602

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name MCCANN, JOHN JOSEPH MR. JR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 05

Date of Disbursement: 05 / 24 / 2018

FEC Identification Number: C 00661637
Transaction ID : SB23.16969
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. JOHN MCCANN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1010

City HACKENSACK State NJ Zip Code 07602

Purpose of Disbursement POLITICAL CONTRIBUTION

Candidate Name MCCANN, JOHN JOSEPH MR. JR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District: 05

Date of Disbursement: 05 / 26 / 2018

FEC Identification Number: C 00661637
Transaction ID : SB23.16972
Amount of Each Disbursement this Period: 2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. PA FOR PEG (PEG LUKSIK FOR LT GOVERNOR)

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 404

City JOHNSTOWN State PA Zip Code 15907

Purpose of Disbursement
POLITICAL CONTRIBUTION (STATE RACE)

Candidate Name
TEA PARTY MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
05 / 07 / 2018

FEC Identification Number
C 00566174
Transaction ID : SB29.16973

Amount of Each Disbursement this Period
1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 71
	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): PHONE BANK: VOTER CONTACT CALLS
Mailing Address 325 SPRINGSIDE DRIVE			
City AKRON	State OH	Zip Code 44333	

Outstanding Balance Beginning This Period		Transaction ID : SD10.10540	
118777.27			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
21000.00	137941.43	1835.84	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	1835.84
2) TOTALS This Period (last page this line number only)..... ▶	1835.84
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1835.84

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 DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
12968.85
Transaction ID : SE.16975
Date of Disbursement or Obligation
04 / 09 / 2018

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
24765.28
Transaction ID : SE.16976
Date of Disbursement or Obligation
04 / 25 / 2018

(a) SUBTOTAL of Itemized Independent Expenditures 37734.13
(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 12 / 2018

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 DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
19884.20
Transaction ID : SE.16977
Date of Disbursement or Obligation
05 / 17 / 2018

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALLS
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Support
Office Sought:
President
District: 00
State:
Disbursement For:
General
Amount
12443.17
Transaction ID : SE.16978
Date of Disbursement or Obligation
05 / 30 / 2018

(a) SUBTOTAL of Itemized Independent Expenditures
32327.37
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 07 / 12 / 2018

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 <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS		Transaction ID : SE.16979
Name of Federal Candidate: TRUMP, DONALD J, ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Amount <input type="text"/>		Amount <input type="text"/>
Transaction ID : SE.16979		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALLS		Transaction ID : SE.16980
Name of Federal Candidate: TRUMP, DONALD J, ,		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Amount <input type="text"/>		Amount <input type="text"/>
Transaction ID : SE.16980		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>

(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.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

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

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

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 325 SPRINGSIDE DRIVE		Amount <input type="text"/>	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.16967
Purpose of Expenditure PHONE BANK - VOTER CONTACT CALLS		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: TRUMP, DONALD J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 124611.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address		Amount <input type="text"/>	
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure		Category/Type <input type="text"/>	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/> 118388.47

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MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date / /

Signature