

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 (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- 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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day Primary (12P) General (12G) Runoff (12R)

PRE-Election Report for the: Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day General (30G) Runoff (30R) Special (30S)

POST-Election Report for the: Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2018 through M M / D D / Y Y Y Y Y Y 03 / 31 / 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 M M / D D / Y Y Y Y Y Y 04 / 14 / 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.....	81137.78	
(c) Total Receipts (from Line 19)	145328.53	145328.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	226466.31	226466.31
7. Total Disbursements (from Line 31).....	155620.65	155620.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	70845.66	70845.66
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)	118777.27	

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: 01 / 01 / 2018 To: 03 / 31 / 2018

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).....	15975.00	15975.00
(ii) Unitemized	129353.53	129353.53
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	145328.53	145328.53
(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)	145328.53	145328.53
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)).....▶	145328.53	145328.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	145328.53	145328.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	32491.56	32491.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32491.56	32491.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	106222.73	106222.73
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).....	16906.36	16906.36
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)) ..	155620.65	155620.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155620.65	155620.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	145328.53	145328.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	145328.53	145328.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	32491.56	32491.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32491.56	32491.56

**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 48
	<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. 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
-----------------	-------------	-------------------

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2018

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
 300.00

Memo Item

B. ALVEY 427, PAUL, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5280 WAX RD

City CLARKSON	State KY	Zip Code 42726
------------------	-------------	-------------------

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
 03 / 13 / 2018

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period
 250.00

Memo Item

C. 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
---------------------	-------------	-------------------

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
 03 / 16 / 2018

Transaction ID : SA11AI.4308

Amount of Each Receipt this Period
 100.00

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: (check only one)	PAGE 7 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. 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
---------------------	-------------	-------------------

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
02		15		2018

Transaction ID : SA11AI.4349

Amount of Each Receipt this Period
250.00

Memo Item

B. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2018

Transaction ID : SA11AI.4536

Amount of Each Receipt this Period
125.00

Memo Item

C. BRYDEN 100, ELIZABETH, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 W 67TH ST
APT 611

City NEW YORK	State NY	Zip Code 10023
------------------	-------------	-------------------

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
02		05		2018

Transaction ID : SA11AI.4873

Amount of Each Receipt this Period
205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	580.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BUECHLE 486, DOROTHY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3493 N TOWER BEACH RD

City PINCONNING	State MI	Zip Code 48650
--------------------	-------------	-------------------

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
02		22		2018

Transaction ID : SA11AI.4887

Amount of Each Receipt this Period
305.00

Memo Item

B. BUSOZ 708, PHILIPPE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7707 BLUEBONNET BLVD
APT 210

City BATON ROUGE	State LA	Zip Code 70810
---------------------	-------------	-------------------

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
01		19		2018

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period
300.00

Memo Item

C. BUSOZ 708, PHILIPPE, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7707 BLUEBONNET BLVD
APT 210

City BATON ROUGE	State LA	Zip Code 70810
---------------------	-------------	-------------------

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
03		16		2018

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	805.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. BYRD 752, ROBERTA M, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9912 JOURDAN WAY

City DALLAS	State TX	Zip Code 75230
----------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2018

Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
350.00

Memo Item

B. CANNISTRARO 214, NICHOLAS, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 772 N HOLLY DR

City ANNAPOLIS	State MD	Zip Code 21409
-------------------	-------------	-------------------

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
02		09		2018

Transaction ID : SA11AI.5028

Amount of Each Receipt this Period
205.00

Memo Item

C. CLARK 085, JAMES, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16 TURNBRIDGE CT

City JACKSON	State NJ	Zip Code 08527
-----------------	-------------	-------------------

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
02		20		2018

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	855.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

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 ▼
500.00

Date of Receipt
01 / 29 / 2018
Transaction ID : SA11AI.5339

Amount of Each Receipt this Period
500.00

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 ▼
600.00

Date of Receipt
02 / 12 / 2018
Transaction ID : SA11AI.5338

Amount of Each Receipt this Period
100.00

Memo Item

C. DEGROOT 601, PAUL, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1S500 FAIRVIEW AVE

City LOMBARD State IL Zip Code 60148

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
03 / 23 / 2018
Transaction ID : SA11AI.5558

Amount of Each Receipt this Period
300.00

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 11 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. DUKES 299, DANIEL S, , MR, III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 SUNSET BLVD VILLA # 1404

City BEAUFORT	State SC	Zip Code 29907
------------------	-------------	-------------------

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
03		06		2018

Transaction ID : SA11AI.5737

Amount of Each Receipt this Period
205.00

Memo Item

B. EGAN 956, DAVID H, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2523 MCGREGOR DR

City RANCHO CORDOVA	State CA	Zip Code 95670
------------------------	-------------	-------------------

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
03		01		2018

Transaction ID : SA11AI.5809

Amount of Each Receipt this Period
300.00

Memo Item

C. 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
---	--

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
02		09		2018

Transaction ID : SA11AI.5935

Amount of Each Receipt this Period
205.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	710.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. FEE 100, BERNADETTE T, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 653 E 14TH ST APT 11E

City NEW YORK	State NY	Zip Code 10009
------------------	-------------	-------------------

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
01		18		2018

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period
250.00

Memo Item

B. FLOECK 782, DANIEL D, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25914 PEREGRINE RDG

City SAN ANTONIO	State TX	Zip Code 78260
---------------------	-------------	-------------------

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
03		20		2018

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period
250.00

Memo Item

C. FORRESTAL 532, KATHLEEN D, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2505 E BRADFORD AVE APT 3304

City MILWAUKEE	State WI	Zip Code 53211
-------------------	-------------	-------------------

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

Name of Employer (for Individual) TEACHER	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
03		09		2018

Transaction ID : SA11AI.6079

Amount of Each Receipt this Period
250.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. HALL 245, LINA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 SEMINOLE PLZ

City MADISON HTS	State VA	Zip Code 24572
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NATRAPATH CO	Occupation (for Individual) SALES
---	--------------------------------------

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
02		22		2018

Transaction ID : SA11AI.6479

Amount of Each Receipt this Period
300.00

Memo Item

B. HENDERSON 605, JUDITH, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 QUEENS CT

City NAPERVILLE	State IL	Zip Code 60563
--------------------	-------------	-------------------

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
01		22		2018

Transaction ID : SA11AI.6644

Amount of Each Receipt this Period
250.00

Memo Item

C. HERBRUCK 298, DOROTHY, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 418 COLLETON AVE SE

City AIKEN	State SC	Zip Code 29801
---------------	-------------	-------------------

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
01		15		2018

Transaction ID : SA11AI.6663

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. 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 ▼ 350.00

Date of Receipt 03 / 22 / 2018
Transaction ID : SA11AI.6865
 Amount of Each Receipt this Period 350.00
 Memo Item

B. JOHNSON 334, PATSY S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 22 / 2018
Transaction ID : SA11AI.7010
 Amount of Each Receipt this Period 300.00
 Memo Item

C. JOHNSON 334, PATSY S, , MS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 12 / 2018
Transaction ID : SA11AI.7009
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. JONES 729, GREG, , DR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 BERRY HILL RD

City FORT SMITH	State AR	Zip Code 72903
--------------------	-------------	-------------------

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

Name of Employer (for Individual) MERCY	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
02		12		2018

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period
250.00

Memo Item

B. KELLY 112, THERESA K, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 145 95TH ST APT D1

City BROOKLYN	State NY	Zip Code 11209
------------------	-------------	-------------------

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
02		27		2018

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period
300.00

Memo Item

C. 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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2018

Transaction ID : SA11AI.7303

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 48
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2018

Transaction ID : SA11AI.7346

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 ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2018

Transaction ID : SA11AI.7462

Amount of Each Receipt this Period
205.00

Memo Item

C. LICHTER 334, VALDIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 LAKESHORE DR
APT 1658

City NORTH PALM BEACH	State FL	Zip Code 33408
--------------------------	-------------	-------------------

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
01		26		2018

Transaction ID : SA11AI.7484

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	705.00
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 48
<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. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2018

Transaction ID : SA11AI.7681

Amount of Each Receipt this Period
200.00

Memo Item

B. MASON 786, WILLIAM W, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15936 BOOTH CIR

City LEANDER	State TX	Zip Code 78641
-----------------	-------------	-------------------

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
02	/	27	/	2018

Transaction ID : SA11AI.7743

Amount of Each Receipt this Period
205.00

Memo Item

C. MCDONALD 774, BARBARA, , MRS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1809 HAWTHORN DR

City RICHMOND	State TX	Zip Code 77469
------------------	-------------	-------------------

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
03	/	29	/	2018

Transaction ID : SA11AI.7845

Amount of Each Receipt this Period
150.00

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 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. NORQUIST 223, WARREN ELLIOT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 FAIRBANKS AVE
 APT 512
 City ALEXANDRIA State VA Zip Code 22311
 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 01 / 15 / 2018
Transaction ID : SA11AI.8291
 Amount of Each Receipt this Period 350.00
 Memo Item

B. ONEIL 681, CONNIE, , MRS,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3214 N 159TH AVE
 City OMAHA State NE Zip Code 68116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 27 / 2018
Transaction ID : SA11AI.8339
 Amount of Each Receipt this Period 305.00
 Memo Item

C. REEVES 786, KEVIN, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1604 SAINT WILLIAMS LOOP
 City ROUND ROCK State TX Zip Code 78681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) REFUSED Occupation (for Individual) REFUSED TO GIVE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 23 / 2018
Transaction ID : SA11AI.8806
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1155.00
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 48
<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. ROSS 295, JOHNNY F, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4365 RUNNING BROOK RD

City DARLINGTON	State SC	Zip Code 29540
--------------------	-------------	-------------------

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 ▼
405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2018

Transaction ID : SA11AI.8994

Amount of Each Receipt this Period
405.00

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2018

Transaction ID : SA11AI.9080

Amount of Each Receipt this Period
250.00

Memo Item

C. SANSOM 325, JOHN M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9455 PENSACOLA BLVD
STE B

City PENSACOLA	State FL	Zip Code 32534
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ACCOUNTING FIRM	Occupation (for Individual) HUMAN RESOURCES
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2018

Transaction ID : SA11AI.9103

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1655.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SCHARF 220, PATRICIA L, , MS,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3713 S GEORGE MASON DR
APT 505W

City FALLS CHURCH State VA Zip Code 22041

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
02 / 05 / 2018

Transaction ID : SA11AI.9145

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2018

Transaction ID : SA11AI.9156

Amount of Each Receipt this Period
250.00

Memo Item

C. 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 ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2018

Transaction ID : SA11AI.9304

Amount of Each Receipt this Period
600.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SHARRATT 330, LAURA, , MS,

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 ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : SA11AI.9305

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STOBBE 495, JOANNE, , MS,

Mailing Address 2472 BLANCHARD ST SW

City WYOMING	State MI	Zip Code 49519
-----------------	-------------	-------------------

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

Transaction ID : SA11AI.9621

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STOBBE 495, JOANNE, , MS,

Mailing Address 2472 BLANCHARD ST SW

City WYOMING	State MI	Zip Code 49519
-----------------	-------------	-------------------

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2018

Transaction ID : SA11AI.9622

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 22 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. 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 ▼
250.00

Date of Receipt

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

Transaction ID : SA11AI.9634

Amount of Each Receipt this Period
250.00

Memo Item

B. 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) BANKER
--	---------------------------------------

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
02		09		2018

Transaction ID : SA11AI.9641

Amount of Each Receipt this Period
350.00

Memo Item

C. 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) BANKER
--	---------------------------------------

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
02		22		2018

Transaction ID : SA11AI.9640

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. SULLIVAN 895, JERRY, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10800 SHAY LN

City RENO	State NV	Zip Code 89511
--------------	-------------	-------------------

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 ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2018

Transaction ID : SA11AI.9698

Amount of Each Receipt this Period
255.00

Memo Item

B. 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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2018

Transaction ID : SA11AI.9888

Amount of Each Receipt this Period
250.00

Memo Item

C. TUROWSKI 601, DANIEL M, , MR,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 924 N PRATER AVE

City MELROSE PARK	State IL	Zip Code 60164
----------------------	-------------	-------------------

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

Name of Employer (for Individual) SLOAN	Occupation (for Individual) MACHINIST
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2018

Transaction ID : SA11AI.9942

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	805.00
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 48
	<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. WILEY 303, FLOYD, , MR,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3051 HABERSHAM RD NW
 City ATLANTA State GA Zip Code 30305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2018
Transaction ID : SA11AI.10271
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2018
Transaction ID : SA11AI.10277
 Amount of Each Receipt this Period
 350.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 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 ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	15975.00

**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

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. BAKER HOSTETLER LLP

Mailing Address 1050 CONNECTICUT AVE NW

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.10489

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BAKER HOSTETLER LLP

Mailing Address 1050 CONNECTICUT AVE NW

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.10490

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BAKER HOSTETLER LLP

Mailing Address 1050 CONNECTICUT AVE NW

City
WASHINGTON

State
DC

Zip Code
20036

Purpose of Disbursement
LEGAL SERVICES

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2018

FEC Identification Number

C C00566174

Transaction ID : SB21B.10491

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

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. 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: 01 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10502
Amount of Each Disbursement this Period: 348.48

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: INTERCHNG FEE

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10503
Amount of Each Disbursement this Period: 415.06

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: CREDIT CARD DISCOUNT

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 01 / 04 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10504
Amount of Each Disbursement this Period: 28.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 791.78

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

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. CAPITALONE BANK

Date of Disbursement

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

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

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

City SUGARLAND State TX Zip Code 77478

Transaction ID : SB21B.10505

Purpose of Disbursement
BANK FEE: AMEX DISCOUNT

001
Category/ Type

Amount of Each Disbursement this Period

78.56

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
01		09		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

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

City SUGARLAND State TX Zip Code 77478

Transaction ID : SB21B.10506

Purpose of Disbursement
BANK FEE: USA ePAY

001
Category/ Type

Amount of Each Disbursement this Period

20.00

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
01		18		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

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

City SUGARLAND State TX Zip Code 77478

Transaction ID : SB21B.10507

Purpose of Disbursement
BANK FEE: ACCOUNT ANALYSIS

001
Category/ Type

Amount of Each Disbursement this Period

223.92

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)..... ▶

322.48

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

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. 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: 02 / 01 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10508
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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 02 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10509
Amount of Each Disbursement this Period: 43.45

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: 02 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10511
Amount of Each Disbursement this Period: 636.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 687.54

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

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. CAPITALONE BANK

Date of Disbursement

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

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C C00566174

Transaction ID : SB21B.10511

Amount of Each Disbursement this Period

392.17

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: CREDIT CARD DISCOUNT

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)

B. CAPITALONE BANK

Date of Disbursement

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

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C C00566174

Transaction ID : SB21B.10512

Amount of Each Disbursement this Period

119.45

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: AMEX DISCOUNT

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. CAPITALONE BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2018

Mailing Address 2353 TOWN CENTER DRIVE

FEC Identification Number

C C00566174

Transaction ID : SB21B.10513

Amount of Each Disbursement this Period

20.00

Memo Item

City SUGARLAND State TX Zip Code 77478

Purpose of Disbursement
BANK FEE: USA ePAY

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)..... ▶

531.62

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

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. 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

Candidate Name
TEA PARTY MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 16 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10514

Amount of Each Disbursement this Period: 133.27

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 ANNUAL FEE

Candidate Name
TEA PARTY MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10515

Amount of Each Disbursement this Period: 79.95

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: AMEX COLLECTION FEE

Candidate Name
TEA PARTY MAJORITY FUND

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 01 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10511

Amount of Each Disbursement this Period: 7.95

Memo Item

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

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

221.17

**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

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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10517

Amount of Each Disbursement this Period: 196.64

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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10518

Amount of Each Disbursement this Period: 61.33

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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10519

Amount of Each Disbursement this Period: 456.09

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 714.06

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

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. 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: 03 / 05 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10520

Amount of Each Disbursement this Period: 897.70

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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 03 / 07 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10521

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

Candidate Name
TEA PARTY MAJORITY FUND

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

State: District:

Date of Disbursement: 03 / 16 / 2018

FEC Identification Number: C00566174
Transaction ID : SB21B.10522

Amount of Each Disbursement this Period: 286.94

Memo Item

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

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

1204.64

**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. IMAGINE IT DESIGN LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2018

Mailing Address 1052 LYNN ROMERO DR

FEC Identification Number

C C00566174

Transaction ID : SB21B.10492

Amount of Each Disbursement this Period

3500.00

Memo Item

City BREAUX BRIDGE State LA Zip Code 70517

Purpose of Disbursement
CONSULTING - SOCIAL MEDIA

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)

B. INFOCISION MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2018

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

C C00566174

Transaction ID : SB21B.10498

Amount of Each Disbursement this Period

1711.82

Memo Item

City AKRON State OH Zip Code 44333

Purpose of Disbursement
PHONE BANK: VIGOP DIRECT RESPONSE FUNDRAISING

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)

C. MACKENZIE & COMPANY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2018

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

FEC Identification Number

C C00566174

Transaction ID : SB21B.10474

Amount of Each Disbursement this Period

2000.00

Memo Item

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - ANNUAL REPORT

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)..... ▶

7211.82

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

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. 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
01 / 04 / 2018

FEC Identification Number

C00566174

Transaction ID : SB21B.10493

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
02 / 02 / 2018

FEC Identification Number

C00566174

Transaction ID : SB21B.10494

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
03 / 05 / 2018

FEC Identification Number

C00566174

Transaction ID : SB21B.10495

Amount of Each Disbursement this Period

3500.00

Memo Item

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

10500.00

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

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. UPT STRATEGIES

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 31403

City CHARLESTON State SC Zip Code 29417

Purpose of Disbursement WEBSITE DEVELOPMENT & HOSTING

Candidate Name **TEA PARTY MAJORITY FUND**

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 12 / 2018

FEC Identification Number: C 00566174
Transaction ID : SB21B.10496

Amount of Each Disbursement this Period: 2750.00

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:

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2750.00
TOTAL This Period (last page this line number only).....▶	32435.11

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2018

Mailing Address 325 SPRINGSIDE DRIVE

FEC Identification Number

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

City AKRON State OH Zip Code 44333

Transaction ID : SB29.10499

Purpose of Disbursement
PHONE BANK: PRO-TRUMP AGENDA CALL

004
Category/ Type

Amount of Each Disbursement this Period

15406.36

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2018

Mailing Address PO BOX 404

FEC Identification Number

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

City JOHNSTOWN State PA Zip Code 15907

Transaction ID : SB29.10486

Purpose of Disbursement
POLITICAL CONTRIBUTION (STATE RACE)

011
Category/ Type

Amount of Each Disbursement this Period

1500.00

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

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

Memo Item

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

16906.36

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

16906.36

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 48
	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 0.00	Transaction ID : SD10.10540	
Amount Incurred This Period 118777.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 118777.27

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)..... ▶	118777.27
2) TOTALS This Period (last page this line number only)..... ▶	118777.27
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) ▶	118777.27

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
VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
BROWN, SHERROD, , ,
Office Sought:
Senate State:
OH
Disbursement For:
General 2018

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate:
KAINE, TIMOTHY MICHAEL, , ,
Office Sought:
Senate State:
VA
Disbursement For:
General 2018

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

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 04 / 14 / 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 <input checked="" 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	Transaction ID : SE.4114
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
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) ▶	

Full Name of Payee <input checked="" 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	Transaction ID : SE.4115
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: WARREN, ELIZABETH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MA</u>
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) ▶	

(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
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALL
Category/Type
004
Name of Federal Candidate:
BROWN, SHERROD, , ,
Office Sought:
Senate State:
OH
Disbursement For:
General 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 CALL
Category/Type
004
Name of Federal Candidate:
KAINE, TIMOTHY MICHAEL, , ,
Office Sought:
Senate State:
VA
Disbursement For:
General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 12462.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 04 / 14 / 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 <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"/> 6231.11
City AKRON	State OH	
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALL	Category/Type <input type="text"/> 004	Transaction ID : SE.10531 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support MCCASKILL, CLAIRE, , , <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6231.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

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"/> 6231.11
City AKRON	State OH	
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALL	Category/Type <input type="text"/> 004	Transaction ID : SE.10535 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support WARREN, ELIZABETH, , , <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 6231.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 12462.22
(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
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
PHONE BANK: VOTER CONTACT CALL
Category/Type
004
Name of Federal Candidate:
BROWN, SHERROD, , ,
Office Sought:
Senate State:
OH
Disbursement For:
General 2018
Amount
5983.85
Transaction ID : SE.10524
Date of Disbursement or Obligation
02 / 13 / 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 CALL
Category/Type
004
Name of Federal Candidate:
KAINE, TIMOTHY MICHAEL, , ,
Office Sought:
Senate State:
VA
Disbursement For:
General 2018
Amount
5983.84
Transaction ID : SE.10528
Date of Disbursement or Obligation
02 / 13 / 2018

(a) SUBTOTAL of Itemized Independent Expenditures 11967.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 04 / 14 / 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 CALL
Category/Type
004
Name of Federal Candidate:
MCCASKILL, CLAIRE, , ,
Office Sought:
Senate State:
MO
Disbursement For:
General 2018
Amount
5983.84
Transaction ID : SE.10532
Date of Disbursement or Obligation
02 / 13 / 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 CALL
Category/Type
004
Name of Federal Candidate:
WARREN, ELIZABETH, , ,
Office Sought:
Senate State:
MA
Disbursement For:
General 2018
Amount
5983.84
Transaction ID : SE.10536
Date of Disbursement or Obligation
02 / 13 / 2018

(a) SUBTOTAL of Itemized Independent Expenditures 11967.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 04 / 14 / 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 CALL
Category/Type
004
Name of Federal Candidate:
BROWN, SHERROD, , ,
Office Sought:
Senate State:
OH
Disbursement For:
General 2018
Amount
9000.81
Transaction ID : SE.10525
Date of Disbursement or Obligation
02 / 27 / 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 CALL
Category/Type
004
Name of Federal Candidate:
KAINE, TIMOTHY MICHAEL, , ,
Office Sought:
Senate State:
VA
Disbursement For:
General 2018
Amount
9000.82
Transaction ID : SE.10529
Date of Disbursement or Obligation
02 / 27 / 2018

(a) SUBTOTAL of Itemized Independent Expenditures 18001.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date 04 / 14 / 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 <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	Transaction ID : SE.10533
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALL		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>
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) ▶ _____	

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	Transaction ID : SE.10537
Purpose of Expenditure PHONE BANK: VOTER CONTACT CALL		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: WARREN, ELIZABETH, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MA</u>
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) ▶ _____	

(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
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 Oppose
Office Sought:
House District: 00
President Senate State:
Disbursement For:
Primary General
Other (specify)

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 CALL
Category/Type
004
Name of Federal Candidate:
BROWN, SHERROD, ,
Support Oppose
Office Sought:
House District: 00
President Senate State: OH
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
3784.23
(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 04 / 14 / 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 CALL
Category/Type
004
Name of Federal Candidate:
Kaine, Timothy Michael, ,
Office Sought:
Senate State:
VA
Disbursement For:
General 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 CALL
Category/Type
004
Name of Federal Candidate:
McCaskill, Claire, ,
Office Sought:
Senate State:
MO
Disbursement For:
General 2018

(a) SUBTOTAL of Itemized Independent Expenditures 7568.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

04 / 14 / 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 CALL
Category/Type
004
Name of Federal Candidate:
WARREN, ELIZABETH, ,
Disbursement For:
General 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 CALL
Category/Type
004
Name of Federal Candidate:
TRUMP, DONALD J, ,
Disbursement For:
General 2020

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 10006.96. Row (b) SUBTOTAL of Unitemized Independent Expenditures: (blank). Row (c) TOTAL Independent Expenditures: 106222.73.

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 04 / 14 / 2018

Signature