



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Congressional Leadership 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="2012"/>	<input type="text" value=""/>	<input type="text" value="87961.11"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6287678.57"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1181572.77"/>	<input type="text" value="7572369.77"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="7469251.34"/>	<input type="text" value="7660330.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1580701.64"/>	<input type="text" value="1771781.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5888549.70"/>	<input type="text" value="5888549.70"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**Congressional Leadership Fund**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1138848.77	7484645.77
(ii) Unitemized .....	224.00	224.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1139072.77	7484869.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	42500.00	87500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1181572.77	7572369.77
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))..... ▶	1181572.77	7572369.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1181572.77	7572369.77

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	253380.84	444460.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	253380.84	444460.38
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) .....	1327320.80	1327320.80
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1580701.64	1771781.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1580701.64	1771781.18

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1181572.77	7572369.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1181572.77	7572369.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	253380.84	444460.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	253380.84	444460.38

**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 37
	<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)  
**Congressional Leadership Fund**

**A. LINDA N. BEHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 WAGGONER CT

City FORT WORTH State TX Zip Code 76108-9513

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFO REQUESTED PER BEST EFFORTS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2012  
**Transaction ID : SA11.89**

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

**B. JOHN A. CANNING JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 DUBLIN COURT

City INVERNESS State IL Zip Code 60067-4726

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

Name of Employer MADISON DEARBORN PARTNERS LLC Occupation CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 09 / 25 / 2012  
**Transaction ID : SA11.82**

Amount of Each Receipt this Period 25000.00

CONTRIBUTION

**C. JOHN W. CHILDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 SAGO PALM RD.

City VERO BEACH State FL Zip Code 32963-3702

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

Name of Employer J.W. CHILDS ASSOCIATES Occupation CHAIRMAN & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250000.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : SA11.60**

Amount of Each Receipt this Period 125000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 151000.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. JOHN W. CHILDS**

Mailing Address 165 SAGO PALM RD.

City State Zip Code  
 VERO BEACH FL 32963-3702

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

Name of Employer Occupation  
 J.W. CHILDS ASSOCIATES CHAIRMAN & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250000.00

Date of Receipt  
 09 / 15 / 2012  
**Transaction ID : SA11.77**

Amount of Each Receipt this Period  
 125000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MATTHEW R. COX**

Mailing Address 4145 SAINT THERESA BLVD

City State Zip Code  
 AVON OH 44011-2792

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

Name of Employer Occupation  
 COX CONSULTING GROUP LLC PRINCIPLE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 06 / 2012  
**Transaction ID : SA11.62**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. BROWNLEE O. CURREY JR.**

Mailing Address 1115 SNEED RD W

City State Zip Code  
 FRANKLIN TN 37069-6939

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

Name of Employer Occupation  
 RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 10000.00

Date of Receipt  
 08 / 06 / 2012  
**Transaction ID : SA11.63**

Amount of Each Receipt this Period  
 10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135500.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

**A. EMMANUEL ERIC DI DONNA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 E 64TH ST. #3B  
 City NEW YORK State NY Zip Code 10065-7044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BLAIR DI DONNA Occupation ART DEALER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11.64**  
 Amount of Each Receipt this Period 12000.00  
 CONTRIBUTION

**B. WILLIAM NORTH DYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 485 PARK AVENUE  
 City NEW YORK State NY Zip Code 10022-1228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WILLKIE FARR & GALLAGHER LLP Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2012  
**Transaction ID : SA11.81**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. KAYE LYNN FOTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 BRIDLE PATH LANE  
 City ENGLEWOOD State CO Zip Code 80113-6058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 29 / 2012  
**Transaction ID : SA11.93**  
 Amount of Each Receipt this Period 5000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 18000.00  
**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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

**A. RONALD J. GIDWITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 S. WACKER DRIVE, SUITE 4000

City CHICAGO	State IL	Zip Code 60606-5821
-----------------	-------------	------------------------

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

Name of Employer GCG PARTNERS	Occupation PARTNER
----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11.85**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**B. GEORGE D. GOULD**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 BRAZILIAN AVE.

City PALM BEACH	State FL	Zip Code 33480-4521
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012

**Transaction ID : SA11.78**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**C. DAVID M. GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12414 RIVERVIEW RD.

City OKLAHOMA CITY	State OK	Zip Code 73173-8409
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FEC ID number of contributing federal political committee. **C**

Name of Employer HOBBY LOBBY	Occupation CEO
---------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2012

**Transaction ID : SA11.79**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60000.00
<b>TOTAL</b> 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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial) <b>A. JOHN D. IDOL</b>		Date of Receipt
Mailing Address 225 ELDERSFIELD ROAD		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
MANHASSET	NY	11030-1625
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.61</b>
MICHAEL KORS	CEO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50000.00"/>	<input type="text" value="50000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. ALVIN B. KRONGARD</b>		Date of Receipt
Mailing Address 1400 W. SEMINARY AVE.		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
LUTHERVILLE	MD	21093-3712
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.72</b>
RETIRED	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
		CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>C. SCOTT W. REED</b>		Date of Receipt
Mailing Address 6425 BANDERA AVENUE, 3A		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
DALLAS	TX	75225-3749
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11.70</b>
CHESAPEAKE ENTERPRISES	CHAIRMAN	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
		CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 37  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. DARWIN R. REEDY**

Mailing Address 51 PENINSULA ROAD

City State Zip Code  
DELLWOOD MN 55110-1504

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

Name of Employer Occupation  
SELF EMPLOYED ART DEALER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2012

Transaction ID : SA11.57

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. J. CHRISTOPHER REYES**

Mailing Address 6250 N. RIVER RD. SUITE 9000

City State Zip Code  
ROSEMONT IL 60018-4241

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

Name of Employer Occupation  
REYES HOLDINGS, LLC EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SA11.88

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. M. JUDE REYES**

Mailing Address 210 MELROSE AVENUE

City State Zip Code  
KENILWORTH IL 60043-1251

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

Name of Employer Occupation  
REYES HOLDINGS, LLC CO-CHAIRMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100000.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2012

Transaction ID : SA11.87

Amount of Each Receipt this Period  
100000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200500.00

**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 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. PATRICK G. RYAN**

Mailing Address 1001 GREEN BAY ROAD, PMB 309

City WINNETKA	State IL	Zip Code 60093-1721
------------------	-------------	------------------------

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

Name of Employer RYAN SPECIALTY GROUP	Occupation CHAIRMAN & CEO
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SA11.91**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. IAN K. SNOW**

Mailing Address 302 CENTRE ISLAND ROAD

City OYSTER BAY	State NY	Zip Code 11771-4911
--------------------	-------------	------------------------

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

Name of Employer SNOW PHIPPS GROUP LLC	Occupation CEO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

**Transaction ID : SA11.74**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. WARREN A. STEPHENS**

Mailing Address 111 CENTER STREET, PO BOX 3507

City LITTLE ROCK	State AR	Zip Code 72203-3507
---------------------	-------------	------------------------

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

Name of Employer STEPHENS INC.	Occupation CHAIRMAN & CEO
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2012

**Transaction ID : SA11.65**

Amount of Each Receipt this Period  
50000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

**A. TERENCE J. STEVINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14744 W 32ND DR.  
 City GOLDEN State CO Zip Code 80401-1417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEVINSON GROUP INC. Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 10 / 2012  
**Transaction ID : SA11.75**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**B. MARK STITZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 ROUND HILL ROAD  
 City GREENWICH State CT Zip Code 06831-3360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAMLIN CAPITAL MANAGEMENT LLC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 03 / 2012  
**Transaction ID : SA11.80**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. DONALD J. TRUMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 5TH AVENUE  
 City NEW YORK State NY Zip Code 10022-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE TRUMP ORGANIZATION Occupation CHAIRMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100000.00

Date of Receipt 08 / 19 / 2012  
**Transaction ID : SA11.69**  
 Amount of Each Receipt this Period 100000.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 120000.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

**A. RUSSELL B. WIGHT JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2050 ROYAL PALM WAY

City BOCA RATON State FL Zip Code 33432-7446

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

Name of Employer INTERSTATE PROPERTIES Occupation GENERAL PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 09 / 29 / 2012  
**Transaction ID : SA11.92**

Amount of Each Receipt this Period 10000.00

CONTRIBUTION

**B. AMERICAN ACTION NETWORK**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 13TH STREET NW, SUITE 510W

City WASHINGTON State DC Zip Code 20004-1164

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 173395.77

Date of Receipt 09 / 30 / 2012  
**Transaction ID : SA11.94**

Amount of Each Receipt this Period 116348.77

CONTRIBUTION IN KIND - PAYROLL/OFFICE SPACE/FUNDRAISING CONSULTING

**C. ASPLUNDH TREE EXPERT CO.**  
Full Name (Last, First, Middle Initial)

Mailing Address 708 BLAIR MILL ROAD

City WILLOW GROVE State PA Zip Code 19090-1701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 25 / 2012  
**Transaction ID : SA11.84**

Amount of Each Receipt this Period 50000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176348.77

**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 15 OF 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. BLUESTONE INDUSTRIES, INC.**

Mailing Address P.O. BOX 1085

City State Zip Code  
BECKLEY WV 25802-1085

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : SA11.83**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. C.V. STARR & CO., INC.**

Mailing Address 399 PARK AVENUE, 8TH FLOOR

City State Zip Code  
NEW YORK NY 10022-4877

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012  
**Transaction ID : SA11.58**

Amount of Each Receipt this Period  
12500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. SMP SALES CORP**

Mailing Address 885 THIRD AVE.

City State Zip Code  
NEW YORK NY 10022-4834

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2012  
**Transaction ID : SA11.67**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42500.00

**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 37  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. STARR INSURANCE HOLDINGS, INC.**

Mailing Address 399 PARK AVENUE, 8TH FLOOR

City State Zip Code  
NEW YORK NY 10022-4877

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11.59**

Amount of Each Receipt this Period  
12500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. THE STRATEGY GROUP FOR MEDIA**

Mailing Address 7669 STAGERS LOOP

City State Zip Code  
DELAWARE OH 43015-7010

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012

**Transaction ID : SA11.66**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. USANA HEALTH SCIENCES, INC.**

Mailing Address 3838 W. PARKWAY BLVD.

City State Zip Code  
SALT LAKE CITY UT 84120-6336

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2012

**Transaction ID : SA11.68**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1138848.77

**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 37
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)  
**A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DRIVE

City RESTON State VA Zip Code 20191-4326

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
09 / 27 / 2012  
**Transaction ID : SA11.90**

Amount of Each Receipt this Period  
10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PARSONS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 100 W. WALNUT STREET

City PASADENA State CA Zip Code 91124-0001

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 05 / 2012  
**Transaction ID : SA11.71**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. THE DUCHOSSOIS GROUP PAC**

Mailing Address 845 N. LARCH AVE.

City ELMHURST State IL Zip Code 60126-1114

FEC ID number of contributing federal political committee. **C** C00212308

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
30000.00

Date of Receipt  
09 / 26 / 2012  
**Transaction ID : SA11.86**

Amount of Each Receipt this Period  
30000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42500.00
<b>TOTAL</b> This Period (last page this line number only).....	42500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. ZACH HUNTER**

Mailing Address 118 3RD ST. NE APARTMENT B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.49**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CHARLES MEACHUM**

Mailing Address 600 WATER ST. SW #3-14

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.14**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CHARLES MEACHUM**

Mailing Address 600 WATER ST. SW #3-14

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.15**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CHARLES MEACHUM**

Mailing Address 600 WATER ST. SW #3-14

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
TRAVEL

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.16**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. WILBUR ROSS**

Mailing Address 1166 AVENUE OF THE AMERICAS, 25TH

City NEW YORK State NY Zip Code 10036

Purpose of Disbursement  
FUNDRAISING VIDEO CONFERENCE EQUIPMENT

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.45**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BRIAN WALSH**

Mailing Address 624 ELLEN WILSON PLACE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.10**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. BRIAN WALSH**

Mailing Address 624 ELLEN WILSON PLACE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BRIAN WALSH**

Mailing Address 624 ELLEN WILSON PLACE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMERICAN ACTION NETWORK**

Mailing Address 555 13TH STREET NW SUITE 510 W

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
CONTRIBUTION IN KIND - PAYROLL/OFFICE SPACE/FUNDRAISING  
CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.55**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BOULEVARD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : SB.11

Amount of Each Disbursement this Period

109.82

Full Name (Last, First, Middle Initial)

**B. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BOULEVARD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

Transaction ID : SB.12

Amount of Each Disbursement this Period

164.72

Full Name (Last, First, Middle Initial)

**C. CAPITOL COMPUTER EXCHANGE**

Mailing Address 4487 FORBES BOULEVARD

City LANHAM State MD Zip Code 20706

Purpose of Disbursement  
COMPUTER SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.13

Amount of Each Disbursement this Period

151.00

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

425.54

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : SB.17

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

Transaction ID : SB.18

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City State Zip Code  
FALLS CHURCH VA 22043

Purpose of Disbursement  
DATABASE MANAGEMENT

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.19

Amount of Each Disbursement this Period

500.00

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

1500.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. CONQUEST COMMUNICATIONS GROUP**

Mailing Address 2812 EMERYWOOD PKY SUITE 103

City RICHMOND State VA Zip Code 23294

Purpose of Disbursement  
FUNDRAISING CALLS

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2012

Transaction ID : SB.20

Amount of Each Disbursement this Period

4250.00
---------

Full Name (Last, First, Middle Initial)

**B. EIPHANY PRODUCTIONS, INC.**

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	15	/	2012

Transaction ID : SB.21

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. EIPHANY PRODUCTIONS, INC.**

Mailing Address 104 HUME AVENUE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SB.22

Amount of Each Disbursement this Period

5250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. FIA CARD SERVICES - AMERICAN EXPRESS**

Mailing Address P.O. BOX 15019

City WILMINGTON State DE Zip Code 19886

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 06 / 2012

Transaction ID : SB.23

Amount of Each Disbursement this Period

SEE MEMO ENTRIES

Full Name (Last, First, Middle Initial)

**B. INTUIT QUICKBOOKS ONLINE**

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement  
SOFTWARE USAGE FEE

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 08 / 2012

Transaction ID : SB.54

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT, LLC**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELECONFERENCE SERVICES

Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.24

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.25**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.26**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.27**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB.28**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LVH CONSULTING**

Mailing Address 2119 PAUL SPRING ROAD

City ALEXANDRIA State VA Zip Code 22307

Purpose of Disbursement  
FUNDRAISING CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB.29**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX, INC.**

Mailing Address 144 2ND ST., 1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
MERCHANT PROCESSING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB.50**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. PIRYX, INC.**

Mailing Address 144 2ND ST., 1ST FLOOR

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
MERCHANT PROCESSING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

Transaction ID : SB.51

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. PIRYX, INC.**

Mailing Address 144 2ND ST., 1ST FLOOR

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
MERCHANT PROCESSING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2012

Transaction ID : SB.52

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. PIRYX, INC.**

Mailing Address 144 2ND ST., 1ST FLOOR

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
MERCHANT PROCESSING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.53

Amount of Each Disbursement this Period

11.94

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

3041.94

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. PRH CONSULTING GROUP, LLC**

Mailing Address 100 E. BROAD ST. SUITE 2330

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement  
FUNDRAISING CONSULTING

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.30**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. REDPRINT STRATEGY LLC**

Mailing Address 3000 S. RANDOLPH ST. #365

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
PROMOTIONAL VIDEO PRODUCTION

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.31**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. TARGETED VICTORY**

Mailing Address PO BOX 2187

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
E-MAIL MARKETING

**004**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB.36**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. THE KOZLOW GROUP**

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement  
STRATEGY CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2012

Transaction ID : SB.37

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. THE KOZLOW GROUP**

Mailing Address 41284 GUINNESS WAY

City LEESBURG State VA Zip Code 20175

Purpose of Disbursement  
STRATEGY CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.38

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. THE STARBOARD GROUP**

Mailing Address 1420 W CANAL CT., SUITE 10

City LITTLETON State CO Zip Code 80120

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

Transaction ID : SB.39

Amount of Each Disbursement this Period

169.43

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

4169.43

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. THE STARBOARD GROUP**

Mailing Address 1420 W CANAL CT., SUITE 10

City LITTLETON State CO Zip Code 80120

Purpose of Disbursement  
FUNDRAISING CONSULTING

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2012

Transaction ID : SB.40

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TRAY - PRINTING, MAILING, LOGISTICS**

Mailing Address PO BOX 1360

City GLEN BURNIE State MD Zip Code 21061

Purpose of Disbursement  
STATIONERY AND BUSINESS CARDS

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : SB.41

Amount of Each Disbursement this Period

2042.29

Full Name (Last, First, Middle Initial)

**C. TRINITY FINANCIAL REPORTING & COMPLIANCE**

Mailing Address 13051 FARTHINGALE DR.

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement  
ACCOUNTING AND COMPLIANCE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2012

Transaction ID : SB.42

Amount of Each Disbursement this Period

3525.00

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

6567.29

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. TRINITY FINANCIAL REPORTING & COMPLIANCE**

Mailing Address 13051 FARTHINGALE DR.

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement  
ACCOUNTING AND COMPLIANCE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : SB.43**

Amount of Each Disbursement this Period

5175.00

Full Name (Last, First, Middle Initial)

**B. TRINITY FINANCIAL REPORTING & COMPLIANCE**

Mailing Address 13051 FARTHINGALE DR.

City OAK HILL State VA Zip Code 20171

Purpose of Disbursement  
ACCOUNTING AND COMPLIANCE

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2012

**Transaction ID : SB.44**

Amount of Each Disbursement this Period

3825.00

Full Name (Last, First, Middle Initial)

**C. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : SB.46**

Amount of Each Disbursement this Period

10000.00

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

19000.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Congressional Leadership Fund**

Full Name (Last, First, Middle Initial)

**A. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2012

Transaction ID : SB.47

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. WILEY REIN LLP**

Mailing Address 1776 K STREET NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
LEGAL SERVICES

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2012

Transaction ID : SB.48

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

20000.00

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

253380.84

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>442532.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.2</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1014619.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>09 / 14 / 2012</b>
Mailing Address <b>1100 G STREET NW, SUITE 805</b>		Amount <b>99975.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.6</b>	
Purpose of Expenditure <b>WEB VIDEO</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1014619.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>542507.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed]    Date **12 / 19 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 14 / 2012
Mailing Address 112 LANTERN RIDGE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City EASLEY	State SC	
Zip Code 29642	<b>Transaction ID : SB.34</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/ Type <span style="border: 1px solid black; padding: 2px;">000</span>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BETTY SUTTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1014619.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SOMETHING ELSE STRATEGIES</b>		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 09 / 21 / 2012
Mailing Address 112 LANTERN RIDGE DRIVE		Amount <span style="border: 1px solid black; padding: 2px;">15000.00</span>
City EASLEY	State SC	
Zip Code 29642	<b>Transaction ID : SB.35</b>	
Purpose of Expenditure TV/MEDIA PRODUCTION	Category/ Type <span style="border: 1px solid black; padding: 2px;">000</span>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BETTY SUTTON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1014619.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">30000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Signature CALEB CROSBY [Electronically Filed] Date M M / D D / Y Y Y Y  
12 / 19 / 2012

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>ANGLER, LLC</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>1100 G STREET NW, SUITE 805</b>		Amount <b>29461.00</b>
City <b>WASHINGTON</b>	State <b>DC</b>	
Zip Code <b>20005</b>	<b>Transaction ID : SB.7</b>	
Purpose of Expenditure <b>WEB VIDEO</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGRO</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>312701.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>3900 WILLOW ST., SUITE 200</b>		Amount <b>20800.00</b>
City <b>DALLAS</b>	State <b>TX</b>	
Zip Code <b>75226</b>	<b>Transaction ID : SB.32</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGRO</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>312701.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>50261.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> 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.

CALEB CROSBY

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 19 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>442112.00</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.3</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT</b>	Category/ Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>OH</b> <input type="checkbox"/> Senate    District: <b>16</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>BETTY SUTTON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1014619.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>09 / 21 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>130156.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.4</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT</b>	Category/ Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEG0</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>312701.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>572268.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 19 / 2012**

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee <b>AMERICAN MEDIA &amp; ADVOCACY GROUP</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>815 SLATERS LANE</b>		Amount <b>130684.40</b>
City <b>ALEXANDRIA</b>	State <b>VA</b>	
Zip Code <b>22314</b>	<b>Transaction ID : SB.5</b>	
Purpose of Expenditure <b>TV/MEDIA PLACEMENT</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGO</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>312701.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>SCOTT HOWELL &amp; COMPANY</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>3900 WILLOW ST., SUITE 200</b>		Amount <b>1600.00</b>
City <b>DALLAS</b>	State <b>TX</b>	
Zip Code <b>75226</b>	<b>Transaction ID : SB.33</b>	
Purpose of Expenditure <b>TV/MEDIA PRODUCTION</b>	Category/Type <b>000</b>	Office Sought: <input checked="" type="checkbox"/> House    State: <b>TX</b> <input type="checkbox"/> Senate    District: <b>23</b> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <b>PETE GALLEGO</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>312701.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>132284.40</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
<b>(c) TOTAL</b> Independent Expenditures.....▶	<b>1327320.80</b>

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.

*CALEB CROSBY*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY **12 / 19 / 2012**